

# Torkard Hill Medical Centre

## Quality Report

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Date of inspection visit: 2 December 2015  
Date of publication: 24/03/2016

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Torkard Hill Medical Centre on 2 December 2015. 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.
- Most risks to patients were assessed and well managed such as health and safety, safeguarding and infection control. However, risks had not been assessed in relation to non clinical staff undertaking chaperone duties. These staff had not been risk assessed or received disclosure barring service checks. This was however, rectified immediately following our inspection for all non clinical staff providing chaperone duties.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. A programme of continuous clinical audit was in place which drove quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice was rated highly by patients in patient survey data and feedback we obtained from patients supported this.
- Information about services and how to complain was available and easy to understand. The practice ensured a robust approach was adopted to address all complaints received.
- Patients said however that they found it difficult to make an appointment with a named GP and get through to the surgery by phone to make an appointment. The practice had reviewed patient

# Summary of findings

accessibility and had invested additional resource into GP led telephone triage. The practice was planning to expand its building to accommodate an increasing patient list.

- The practice had good facilities, including a reception waiting area which had been recently redesigned for patient comfort and convenience and it was well equipped to treat patients and meet their needs.
- 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.

We saw one area of outstanding practice:

The practice had proactively sought to screen all of its care homes patients considered as suitable for dementia screening. This identified 55 to date who were suitable and 62% of these were found to have a diagnosis of dementia. Those identified had their prescription reviewed to ensure optimisation and compatibility with the patients' condition, care plans developed and referral where required to the dementia outreach team. The practice had also sought to identify any carers of these

patients, even if they were not patients at the practice to offer them support. Whilst it was noted that work was ongoing, all identified carers have been offered an annual health check, membership of a carers group and asked to join the patient participation group. (PPG) Those identified as carers were also asked to engage in a collaborative dementia research project which the practice hoped will further increase their understanding of best practice for supporting patients and carers living with dementia.

There are areas where the provider must improve;

The provider must ensure the arrangements in place for identifying, assessing and mitigating risk are effective in relation to non clinical staff undertaking chaperone duties. This includes assessment of whether disclosure barring service checks are required. It has however been noted that the provider took immediate action to address the risk.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events. Staff knew how to report events and documentation provided supported this robust assurance process.
- Lessons were shared to ensure action was taken to improve safety in the practice. We reviewed documents relating to staff learning from events. Information reviewed included the subsequent actions taken by the practice to manage future risk.
- When there were unintended or unexpected safety incidents, patients received a verbal and written apology where appropriate. 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. However, we noted one exception in relation to the lack of risk assessment of non clinical staff undertaking chaperone duties. These staff had not received disclosure barring service checks. We noted that immediate responsive action was taken by the practice to address this risk.
- Other risks to patients were assessed and well managed. This included health and safety and emergency preparedness if a patient presented with an urgent medical condition.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were generally at or above average when compared to the locality and national average. The practice overall exception rate reporting was 7.9% which was below the CCG average of 9.1% and national average of 9.2%.
- E-healthscope data for April to September 2015 showed that the practice had reduced its emergency hospital admissions in comparison to data held for the previous year over the same months. It was ranked as the fifth highest in twenty one practices within the CCG for Accident and Emergency

# Summary of findings

attendance but third lowest for minor injuries unit (MIU) and walk in centre (WIC) attendance. This indicated that whilst emergency admissions were high, patients had suitable access to their own practice for primary healthcare needs.

- Staff assessed needs and delivered care in line with current evidence based guidance. This included National Institute Clinical Excellence (NICE) guidelines and Clinical Knowledge Summaries (CKS).
- Clinical audits were regularly undertaken within the practice and learning shared amongst staff. We reviewed two audits which demonstrated quality improvement and patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were supported by line management to undertake their work. Trainee GPs were supervised and salaried GPs had a mentor.
- There was evidence of appraisals and personal development plans for all staff. Staff were asked to feedback their opinions of training provision in place.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Regular meetings were held amongst these staff and detailed records completed.

## 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 higher than others for many aspects of care. This included 91% who said that the last GP they saw was good at listening to them.(CCG average 89%). Data also showed that 95% patients considered receptionists at the practice helpful. (CCG average 87%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. One patient told us they travelled further than their closest practice so they could be a patient there. Another patient told their care home manager that their GP made them feel empowered to make decisions in their treatment.
- Information for patients about the services available was easy to understand and accessible in the practice and also on the website.
- The practice sought to identify carers through a variety of measures and developed information packs to support signposting.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Extended hours appointments were available for those who could not attend in working hours.
- Patients said it could be difficult to make an appointment with a GP and get through to the surgery by phone. The practice had used GP led telephone triage to identify those patients who needed to be seen urgently and those who could be seen routinely or treated over the telephone. Those who required an urgent appointment were seen on the same day.
- The practice had undergone recent renovation which included the reception waiting area. It had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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 this. The practice's mission statement was available in information disseminated to its patients, for example the practice information leaflet.
- 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 governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Information was documented.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and a collaborative approach was demonstrated with the practice. A current focus was to identify and engage with carers and seek feedback from young people.
- There was a strong focus on continuous learning and improvement at all levels. This was demonstrated through practice research projects, staff development, clinical and internal audits. Learning was disseminated amongst practice clinicians.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older patients had a named GP and all care and residential homes were assigned a named GP. Frequent visits were made by the practice GPs to their care home patients in and outside of working hours. Care home managers we spoke with praised GPs for their hands on approach.
- Care plans were implemented for those patients identified as close to the end of life. The practice held regular multidisciplinary meetings where all patients on the palliative care register were discussed. The practice was also part of the Gold Standards for end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included offering vaccinations for those who could not attend the practice.

### People with long term conditions

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

Good



- Clinicians had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and appropriate action taken to reduce the likelihood of attendance. GPs and nursing staff took an active role in the regular review of unplanned admissions patients.
- National data showed the practice was performing in line with the local and national averages for eleven diabetes indicators. The practice received total points of 88.4% compared with the CCG average of 87.3% and national average of 89.2% .
- Longer appointments and home visits were available when needed.
- The practice had 3763 patients with long term conditions on its register. All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. The practice had developed effective systems for review and monitoring of these patients. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.



# Summary of findings

## Families, children and young people

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

Good



- 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. Immunisation rates for all standard childhood immunisations ranged from 92% to 99%. This was in line with CCG averages which ranged from 88% to 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice included information for young people regarding consent and confidentiality on its website.
- The practice, in partnership with the patient participation group (PPG), had visited a local school to obtain young people's feedback about what they expected from their NHS. The practice also used the opportunity to deliver health promotion and advice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. Documented records we reviewed supported effective, collaborative working.

## 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).

Good



- 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. The practice offered extended hours appointments with early and late sessions on varying days with all GPs.
- The practice offered GP led telephone triage which negated the need for some patient attendance at the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Yearly flu clinics were run on a Saturday for working age patients who preferred weekend attendance.
- National data showed the practice was performing above local and national averages for those female patients whose notes

# Summary of findings

recorded that a cervical screening test had been performed in the preceeding 5 years. The practice received total points of 88.5% compared with the CCG average of 86.2% and national average of 81.8%.

- Working age patients were invited to attend the patient participation group (PPG) which was run as a virtual group to encourage working age people to join.

## 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 identified patients living in vulnerable circumstances including those with a learning disability. 27 patients with a learning disability were held on a register and all had been offered an annual health check.
- The practice offered longer appointments for patients with a learning disability. Markers were placed on patient records so reception staff knew to allocate a longer appointment time when required.
- GPs within the practice had recently updated their knowledge with learning disability training and we were passed evidence of this training.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Documentation supported that patients received ongoing care and support from the appropriate health care service(s).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. This included information within the practice waiting area and on their website. The practice had worked in collaboration with the patient participation group (PPG) to identify carers, signpost them to various support networks and ensure their views were represented.
- 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. GPs undertook health and well being checks for patients with chronic mental health problems residing at a local care home.

Good



## 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).

Good



# Summary of findings

- National data showed the practice was performing above the local and national averages for the number of its patients who had been 89.5
- National data also showed the practice was performing above the local and national averages for seven mental health related indicators. The practice received total points of 100% compared with the CCG average of 93.8% and national average of 92.8%. The practice's overall exception rate reporting was 1.2% below CCG average and 1.3% below national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information was displayed within the practice and on the practice website where mental health services were listed as having a support clinic.
- 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. We saw an example where an unknown patient with mental health needs was identified for GP follow up and secondary referral as a result of attendance at accident and emergency.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had participated in a dementia research study to explore the effectiveness of early intervention support strategies. The practice undertook screening for dementia during routine patient reviews.
- An ongoing proactive review into dementia screening of care home patients had identified 55 who were suitable for screening. Of these, 62% were found to have a diagnosis of dementia. Those identified had their prescription reviewed to ensure optimisation and compatibility with the patients' condition, care plans developed and referral where required to the dementia outreach team.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 reflected data obtained from July to September 2014 and January to March 2015. The results showed the practice performance was mixed when compared with local and national averages. 279 survey forms were distributed and 98 were returned. This represented 35% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 87% described the overall experience of their GP surgery as good (CCG average 86%, national average 85%).
- 72% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received six comment cards, five of which were positive about the standard of care received. Patient comments included that doctors and nurses were highly professional, prompt and thorough care was offered, staff were polite and helpful and hygiene and cleanliness were first class. One negative comment was regarding the length of time the patient waited in the surgery; it transpired they had not been correctly booked in on arrival.

We spoke with five patients during the inspection. All of these patients said they were happy with the care they received and thought staff were approachable, committed and caring. One of the patients we spoke with had been registered with the practice for 26 years and told us that whilst this was not the closest practice to where they lived, they chose to travel to be a patient here. All five of the patients told us however, that it could be difficult to obtain a routine or urgent appointment. Three of the patients told us that they liked to see a named GP and this meant they could be required to wait for longer. One of the patients told us the telephone triage system worked well.

## Areas for improvement

### Action the service MUST take to improve

The provider must ensure the arrangements in place for identifying, assessing and mitigating risk are effective in

relation to non clinical staff undertaking chaperone duties. This includes assessment of whether disclosure barring service checks are required. We noted that the provider took immediate action to address this risk.

## Outstanding practice

The practice had proactively sought to screen all of its care homes patients considered as suitable for dementia screening. This identified 55 to date who were suitable and 62% of these were found to have a diagnosis of dementia. Those identified had their prescription reviewed to ensure optimisation and compatibility with the patients' condition, care plans developed and referral where required to the dementia outreach team. The practice had also sought to identify any carers of these patients, even if they were not patients at the practice to

offer them support. Whilst it was noted that work was ongoing, all identified carers have been offered an annual health check, membership of a carers group and asked to join the patient participation group. (PPG) Those identified as carers were also asked to engage in a collaborative dementia research project which the practice hoped will further increase their understanding of best practice for supporting patients and carers living with dementia.

# Torkard Hill Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Torkard Hill Medical Centre

Torkard Hill Medical Centre is located in Hucknall, a town in Nottinghamshire which is in the district of Ashfield. It is seven miles north-west of Nottingham. There is direct access to the practice by public transport and parking is also available on site.

The practice has a patient list size of approximately 14,500. This number is increasing due to local housing expansion.

The practice holds a Personal medical services (PMS) contract to deliver care to the public.

The practice has a slightly higher than national average number of patients who are of working age, including those approaching retirement. It also has a slightly higher proportion of carers and nursing home patients than the national average.

The practice is managed by six GP partners, (four male, two female). Three GP partners work full time and three work part time. (Two of these work 0.9 Whole Time Equivalent, WTE. One works 0.6 WTE).

They are supported by two part time salaried GPs (two 0.9 WTE) and three trainee GPs. (Two of the trainee GPs are currently on long term leave). Other clinical staff include

five practice nurses, two healthcare assistants, practice manager, head of business development and a team of reception, clerical and administrative staff. Two cleaners are also employed by the practice.

The practice is open from Monday to Friday between 8.30am to 6.30pm. The telephone line is operational from 8am for patients to request an urgent appointment.

Routine appointments can be pre-booked four weeks in advance in person, by telephone or online. Home visits are available daily as required.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided by NHS 111. When the practice is closed, there is a recorded message giving out of hours details.

The practice is a training practice for trainee GPs and is involved in the teaching of medical students from a local university.

The practice does not have a branch surgery.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG). We carried out an announced visit on 2 December 2015. During our visit we:

- Spoke with a range of staff (GPs, nurses, healthcare assistants, practice manager, head of business development, receptionists, clerical and administrative staff) and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed six comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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 was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw that significant events were included as standing items on agendas at weekly meetings held. Subsequent actions taken regarding them were recorded in documented minutes. For example, we were provided with details of a significant event which involved a medicines error. This arose because of communication issues between community nursing staff and the practice. The practice reviewed the factors contributing to the event and undertook a number of measures to prevent a similar occurrence in the future. These included a monthly audit.

When there were unintended or unexpected safety incidents, patients received a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The practice referred their concerns to a multi agency safeguarding hub. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training relevant to their role. GPs were trained to level 3 in children's safeguarding. We were shown evidence that markers were placed on young patients' records when a safeguarding concern had arisen. One of the GPs told us that they undertook health and well being checks in respect of patients with chronic mental health problems residing at a local care home.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but administrative staff performing the task had not received a disclosure and barring service check (DBS check) or been risk assessed. (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). Following our discussions with the practice, we were informed that their policy had since been updated and DBS checks had been received for all administrative staff who may act as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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. The practice provided in house online training which was monitored for completion in training records. One of the nurses was assigned with the task of teaching other staff about hand hygiene. Annual infection control audits were undertaken. We reviewed an audit undertaken in May 2015 which resulted in an action plan being implemented. For example, a soiled changing mat in a toilet area had been removed and replaced after this had been identified in the plan.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were provided with examples where reviews of medicines had taken place, for example in antibiotics. We also spoke with a pharmacist from the



# Are services safe?

CCG who informed us that patients who were prescribed a large number of medicines were flagged and reviewed. This was to ascertain the medicines which could be reduced to maximise patient compliance and reduce unnecessary cost. Weekly practice meetings were utilised to discuss any changes in prescribing policy.

- Prescription pads were securely stored and there were systems in place to monitor their use. This included individual pads in doctor's bags and forms for use in printers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We were provided with evidence of a pneumococcal vaccine which was dated for review in March 2016. The practice had a system for production of patient specific directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five staff personnel files. We found substantive staff were subject to appropriate recruitment checks which included proof of identification, references, qualifications and registration with the appropriate professional body. Substantive clinical staff had also been subject to a disclosure barring service check. At the time of appointment to post, non clinical staff had not received a disclosure barring service check which was in line with the practice's policy. We have since been advised that the policy had been updated and all non clinical staff had received a disclosure barring Service check. Three locum doctors had also worked within the practice but only one of their files contained evidence of a disclosure barring service check which was undertaken in 2005. After our inspection, we were provided with evidence of disclosure barring service checks for the other two locum doctors. These checks had been conducted more recently and prior to our inspection.

## Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We were provided with training records which identified staff that had attended three yearly health and safety awareness training, training in accident reporting and annual fire training. We were informed that weekly testing of fire alarms had commenced recently within the practice and

the last fire evacuation was practiced in March 2015.

Evidence to support the training records was provided, for example, a staff certificate in relation to accident and incident reporting.

- All electrical equipment was annually checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We checked a sample of equipment including a blood pressure device which contained up to date testing information. 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). We reviewed a comprehensive risk assessment conducted in May 2015 which contained a recommendation regarding cleaning of the tank. This was subsequently actioned and updated in documentation.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff absence was covered accordingly and the practice utilised a nurse on a casual contract when extra resource was required in this area. Recent recruitment had also taken place in reception to ensure sufficient staffing.

## 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.
- Staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a charged defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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



## Are services safe?

fit for use. We saw that the practice had a process for monitoring expiry dates of medicines and saw that one was highlighted as it was due to expire in December 2015.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage (due for review November 2015) The plan included details of other locations which could be used and emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including 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. Discussions amongst staff took place in clinical meetings held. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice told us they also referred to Clinical Knowledge Summaries (CKS) guidelines.
- The practice monitored these guidelines were followed through audit of practice protocols. We were given examples which included a new practice protocol for chest pain.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.4% of the total number of points available, with 7.9% exception reporting. The practice's exception reporting was lower than the CCG average of 9.1% and lower than the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 88.4% which was above the CCG average of 87.3% but slightly below national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.5% which was above the CCG average of 85.5% and above the national average of 83.6%.

- 91.3% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 86.4% and above the national average of 88.3%.
- 89.5% of patients diagnosed with dementia had their care reviewed in the previous 12 months. This was above the CCG average of 87.8% and above the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits undertaken in the last two years. We reviewed a completed audit where improvements were made. An audit of patients with coeliac disease identified that the practice had not originally followed British Society of Gastroenterology (BSG) guidelines in undertaking annual blood tests for these patients. Coeliac disease is a disease in which the small intestine is hypersensitive to gluten, leading to difficulty in digesting food. A re-audit established a significant increase in blood tests undertaken for this patient group. Other outcomes included a protocol implemented, training of staff, a recall system implemented and an annual review held with these patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice informed us about a proactive review undertaken of 77 local care home residents who had not had a formal diagnosis of dementia. They consequently identified 55 patients who were considered to be appropriate for screening and made a diagnosis of dementia in 62% of these patients.

We reviewed e-healthscope data which was information collated by the Clinical Commissioning Group (CCG). We found the number of all emergency admissions between the period of April to September 2015 had decreased in comparison to the previous year over the same months. The practice was ranked two out of twenty one practices within the Clinical Commissioning Group (CCG) in order of numbers of emergency hospital admissions. The practice had analysed patient data following admissions into hospital and identified those which were appropriate and inappropriate. Learning points were noted where admissions could have been avoided. For example, patient

# Are services effective?

## (for example, treatment is effective)

education of the services available within primary care and clarity over referral criteria. Unplanned admissions were subject to discussion in practice meetings held. We saw records of meetings held between GPs and district nurses.

The data showed the practice was ranked as fifth highest out of twenty one practices within the Clinical Commissioning Group (CCG) for Accident and Emergency attendance. The practice was ranked as third lowest for out of twenty one practices for patient attendance at minor injuries units and walk in centre attendances over the same period. The data indicated that whilst emergency admissions were higher, patients had suitable access to their own practice for primary healthcare needs.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, conflict resolution and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. One of the practice nurses told us they had used some of their protected learning time to update their skills in spirometry. Spirometry is a test that can help diagnose various lung conditions, most commonly chronic obstructive pulmonary disease (COPD). Spirometry is also used to monitor the severity of some other lung conditions, and their response to treatment. The head of business development was a registered nurse and supported nursing staff with their revalidation. Nursing professional meetings were held fortnightly and we saw recent records where revalidation was discussed.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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. We were also informed that the CCG provided annual training which was attended by the practice nurses.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We were informed that new staff received a three and six monthly appraisal. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We were told that all trainee GPs were supervised and debriefed after surgery. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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. We were told that GPs had access to the out of hours system, which enabled them to directly add notes if required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We were informed about a local referral management scheme for orthopaedics (Nottingham MSK Assessment and Treatment Service).

Staff worked together and with other health and social care services 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 detailed evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

We spoke with managers at four care homes where patients were registered. They told us there was frequent

# Are services effective?

## (for example, treatment is effective)

face to face contact between GPs and residential patients which occurred in and outside of normal working hours. We were told that GPs always visited promptly after a patient was discharged from hospital.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff we spoke with were able to provide examples to demonstrate their understanding of the Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to give account of Gillick competency. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The practice website included information on teenage confidentiality.
- 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. We were informed that cases were discussed at clinical meetings held.
- The practice had an up to date consent policy. We saw that the process deployed for obtaining consent was in accordance with the written guidelines.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet,

smoking and alcohol cessation. The practice advertised on its website that help could be sought for those requiring counselling. This included vasectomy counselling for men's health. Patients were then signposted to the relevant service.

- Smoking cessation advice was available from a local support group, New Leaf who saw patients in the practice. Patients could also be referred to an organisation for management of obesity, ChangePoint.

The practice's uptake for the cervical screening programme was 88.5% which was above the CCG average of 86.2% and the national average of 81.8%. There was a policy to offer reminders sent by letter for patients who did not attend for their cervical screening test. Those who did not attend had a note placed in their patient records so this could be discussed when they next attended the practice. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 99.1% within the practice. The CCG rates varied from 91.7% to 96.5%. Five year old vaccinations ranged from 96.9% to 99.5% at the practice. The CCG rates varied from 88.1% to 98.1%.

Flu vaccination rates were comparable to national averages. The practice rate for over 65s were 74.51% (73.24% national average) and at risk groups 54.4% (52.29% national average).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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.
- The layout of the reception area had recently changed which meant the practice could utilise a side room for confidential enquiries.

Care Quality Commission comment cards we received from patients were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were professional, helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 87%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 87% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 93%, national average 92%).

Staff told us that translation services were available for patients who did not have English as a first language. We were informed that patients who had visual impairments had markers placed in their records so reception staff and clinicians could offer extra assistance. The practice's website was enabled so information could be read in a number of different languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included support for those who were lonely, a carers information board which contained information for those suffering bereavement and those who had memory difficulties and dementia.

## Are services caring?

The practice's computer system alerted GPs and receptionists if a patient was also a carer. When a new patient registered with the practice, they were asked if they were a carer, and if so, this was recorded in their notes. The practice had identified 153 carers on their list to date. This accounted for approximately 1.05% of their patient list. This included 1 young patient and 31 carers for dementia patients. The practice sought to identify patients who were not already on their list. They did so through review of their unplanned admissions, approach to care homes, recruitment to its patient participation group and a summer health event where carers groups were invited to attend.

Written information was available to direct carers to the various avenues of support available to them. The practice developed packs of care specific information to support signposting and local support opportunities. It had liaised and engaged with the chair of the Hucknall carers network and utilised the practice survey to recruit to their carers network.

Staff told us if families had experienced bereavement, the practice contacted them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. We were also told that an email was sent internally to practice staff advising when a patient had died.



# 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 offered extended hours appointments on weekday mornings from 8am and on weekday evenings until 6.15pm for working patients who could not attend during normal opening hours.
- Same day appointments were available for children and those with serious medical conditions. Telephone triage was offered to patients whereby they could speak to a GP on the phone who would decide the most appropriate course of action. The practice audited its triage system to measure effectiveness.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. This included frequent visits made to care home residents.
- The practice provided support to a local probation hostel. These patients received initial assessment appointments which included a review of physical and any mental health issues.
- A summer health event had been organised by the practice where a number of different groups and agencies had been invited to attend to engage with patients. These included local carers groups, men's health groups, activity and craft groups, local library, reading group and local gym.
- Women's services included antenatal and maternity care and contraceptive services including coil fitting and implants.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. Reception staff would assist patients who had a visual impairment.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Emergency appointment requests could however be made from the earlier time of 8am.

Appointments were from 8am to 12.20pm and 3pm to 6.15pm Monday to Friday. Pre-bookable appointments could be made up to four weeks in advance. Appointments could be made via telephone, online or in person.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 58% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 48% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).

Feedback from patients we spoke with and comment cards completed showed that it was difficult to get through to the surgery by phone to obtain an appointment. The practice told us that their work was ongoing to improve access arrangements in response to their patient feedback received. They told us that one GP was available from 6.50am until 7.30pm to provide triage. Their audit of telephone triage showed that on an average day, 38% of patients were dealt with on the telephone with no further action required and 45% of patients were given a same day urgent appointment. One patient we spoke with in the practice had been triaged and given a same day appointment. They told us they thought the triage process worked well. One comment in a comment card was received regarding the waiting time to see a clinician once the patient had arrived in the surgery. It transpired this was as a result of the patient not being booked in correctly.

### 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. The practice manager was the designated lead.
- We saw that information was available to help patients understand the complaints system. This was included in

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

the practice's leaflet for patients and further details were held at reception. We did not however see posters or other written information displayed around the waiting area.

We reviewed 15 complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Apologies were offered to the complainant when considered appropriate.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient made a complaint regarding his diagnosis. The practice consulted with other clinical services and consequently ensured that a collaborative approach to the care pathway was adopted. This was discussed in a practice management meeting.



# 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. They stated their purpose was to provide continually improving healthcare services which was accessible to a whole population and to create a partnership between a patient and the health professionals.

- The practice had a mission statement which was displayed for the public and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was involved in the Hucknall planning group looking at ways to support the increase of patients due to new housing development. The practice were looking to expand their existing building to accommodate these patient needs.

### Governance arrangements

The practice had an overarching governance framework which in most cases supported the delivery of the strategy and good quality care. This 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. Evidence provided to us demonstrated that staff were supported through regular one to one sessions, meetings, training programmes and appraisals to monitor performance and identify further opportunities.
- Practice specific policies were in place, maintained and were accessible by all staff. Staff were made aware of policies through induction and training.
- A comprehensive understanding of the performance of the practice was maintained. The practice utilised an audit clerk to organise patient recalls and provide quarterly reviews to the practice. Performance was discussed in practice management meetings. We saw detailed minutes of discussions regarding unplanned admissions analysis. Other CCG and QOF data was also analysed and practice performance monitored against it.

- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We were provided with a number of clinical audit reports which identified improved patient outcomes. The practice undertook internal audits, for example, a telephone triage audit. Results were analysed and supported that triage was a successful measure in reducing unnecessary patient attendance.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, we had identified one area where risk management had not been effectively applied.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable. The practice had undergone recent changes in its structure and management. A new practice manager had been employed within the last twelve months and was assigned to managing administrative staff and other general practice management responsibilities. The head of practice development role was taken on by the member of staff approximately one year ago. They took on responsibility for the management of nursing staff, QOF and clinical protocols.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. For example, a patient taking a particular medication missed having an essential blood test which is a routine requirement for such patients. As a result the patient had an emergency blood test. The matter was raised as a significant event and discussed amongst practice staff. Action taken resulted in two members of staff checking daily to ensure blood tests were undertaken for these patients.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. Learning outcomes were noted where improvements were made to systems and processes.

# Are services well-led?

Good 

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

- They kept written records of verbal interactions as well as written correspondence which was reviewed and systems / processes put into place if any common themes emerged which could direct service strategies.

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

- Staff told us the practice held regular team meetings. These included weekly practice management meetings, receptionist meetings, nurse meetings, partners and salaried doctors meetings. We were provided with evidence of minutes of meetings held.
- 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 in doing so and felt supported if they did. Feedback was invited at weekly meetings as well as quarterly half day closures at the practice.
- Staff said they felt respected and valued and felt supported by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## **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 patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG which had approximately 1666 members. The PPG leads met regularly with the practice, carried out patient surveys and worked together to make improvements to the practice. For example, how information was disseminated to patients had been reviewed. This resulted in redesign of the practice's website to ensure ease of navigation and the implementation of new posters and leaflets to promote services and encourage patient feedback .
- The PPG lead was also working in partnership with the practice in reaching out to young people. They had visited a local school and sought feedback from young patients asking them what they wanted from their NHS.

Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice had gathered feedback from nursing staff through a staff survey. Feedback included that lines of reporting had been unclear and confusing for nursing staff. There had been recent changes in management structure to enable clear lines of management reporting. Weekly nursing team meetings had been developed which created a platform for open discussion and ongoing development. Staff skills were utilised, for example in the nurse led early diagnosis for dementia patients project. The new practice nurse was also undertaking a masters course in nursing with support from the practice. Other staff told us they felt involved and engaged to improve how the practice was run and there were opportunities for them to feedback.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The arrangements in place for identifying, assessing and mitigating risk were not always effective. Risk assessments had not been conducted for non clinical staff undertaking chaperone duties to determine whether disclosure barring service (DBS) checks were required.  Regulation 17(1)(2)(b)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	