# West Bridgford Medical Centre

## Quality Report

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

## Ratings

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

# 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 West Bridgford Medical Centre on 15 September 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Some risks to patients were assessed and well managed. However, the practice needed to strengthen its own systems for assessing environmental and health and safety related risks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients told us they were treated with compassion, dignity and respect and involved in their care and decisions about their treatment.
- The Patient Participation Group (PPG) made suggestions for improvements which the practice had responded to. For example, changes to the waiting area with regards seating, the use of notice boards and the television to improve patient experience.
- Patients told us they could usually get an appointment when they needed one, with urgent appointments available the same day. Pre-bookable appointments were available for up to two months with the first available appointment less than a week in advance.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- The practice had good facilities, although it was using the site to full capacity and planned to work with the landlord regarding opportunities for expansion. It was well equipped to treat patients and meet their needs.
- There was clear leadership and staff felt supported and valued by management.

We saw two areas of outstanding practice:

- The practice employed a pharmacist who made a valuable contribution to the practice's achievements. The pharmacist's role had a clear impact in making

# Summary of findings

sure patients were safe by reviewing the appropriateness and repeats of prescribed medicines. The pharmacist supported all practice staff and met with patients to explain medications where there had been difficulties in their understanding, as well as being a valuable link to the CCG. The pharmacist contributed to audit programmes and service developments such as a self-management plan for asthma patients.

- The practice actively worked with The Carers Federation to identify carers and signpost them to relevant support. A Carers Federation representative attended the surgery weekly, and met regularly with the practice manager

However, the areas where the provider must make improvement are:

The provider must:

- Ensure the systems they have in place to identify, assess and mitigate risk are effective particularly in relation to; systems and processes around infection control, including appointing a lead and undertaking infection control audits; practice specific risk assessments including health and safety, and assure themselves of the quality of assessments being managed by the landlord and ensuring appraisals are in place for all employees including the practice manager.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were sufficient numbers of qualified and trained staff to meet patients' needs and keep them safe. Staff had been appointed designated lead areas of responsibility to oversee most internal processes and act as a resource for the practice team, although the role of the infection control lead required clarification. Robust and effective systems were in place for the management of medicines. The practice had safeguarding procedures in place and staff had undertaken training to help protect children and vulnerable adults from the risk of harm.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

Patient outcomes were in line with the average for the locality. Care was planned and delivered in accordance with patient needs and in line with local and national guidance. The practice engaged with other health professionals and outside agencies to meet the needs of more vulnerable patients. Data was reviewed by the practice to identify any areas which needed more in depth analysis in order to instigate any changes to improve services. For example, the practice was reviewing the relatively high number of patient attendances at the Accident & Emergency department. Staff had received training appropriate to their roles and any further training needs had been identified and were supported by the partners. There was evidence of appraisals and personal development plans for staff, apart from the practice manager.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Results from the latest national GP patient survey in July 2015 showed patients were treated with compassion, dignity and respect. For example, 95% of respondents said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%. Results from the family and friends survey said that 87% patients who responded would be highly likely to recommend the practice to others, whilst the remaining 13% would be likely to recommend it. Information for patients about the services available

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was easy to understand and readily available. During our inspection, we observed that staff treated patients with kindness and respect, and maintained confidentiality. Views of external stakeholders were very positive and aligned with our findings. For example, a care home manager informed us how the doctor had spent a long time with one of their residents explaining why a procedure was required and ensuring that clear information was provided, with access to further support if required.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

The practice was proactively engaged with other local practices and the Clinical Commissioning Group (CCG) to enhance the quality of service provision. The practice had been involved in a number of projects, for example, participation in the Productive General Practice programme. This was designed to help general practices to deliver high quality care whilst meeting increasing demands and expectations. This resulted in improvements in saving reception time by promoting the use of a touch screen log in facility, increasing usage from 10% to 50%. The practice were involved in the 'Doctor First' project which enables practices to effectively manage patient demand by a doctor talking to all patients prior to being allocated an appointment at the surgery. This enabled the patients to be seen on a clinical priority basis and helps the GP to make the best use of their consultation time. Access to GP appointments was good, and on the day of our visit, we saw that the next available routine appointment with a GP was in 4 days' time. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice utilised the facilities available to full capacity, but had plans to try and expand to meet increasing demand. The practice was well equipped to treat patients and meet their needs. Information about how to complain was easy to understand and evidence showed that the practice responded quickly to issues raised and used complaints to promote learning with the practice team.

**Are services well-led?**

Requires improvement

The practice is rated as requires improvement for being well-led.

It had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. There was a leadership structure and staff felt well supported by management. The systems in place to enable the provider to have effective oversight of risk, enabling issues to be identified, assessed and mitigated were not fully effective. For example, in respect of: the prevention and

# Summary of findings

management of infection control, ensuring staff appraisals were completed for all members of the team, and ensuring the practice had appropriate assurances on premise and equipment management.

Practice clinical meetings were held weekly and general staff meetings every 3 months. The practice proactively sought and responded to feedback from patients such as comments received via the practice's own patient survey. The practice had an active patient participation group (PPG), and worked with them to improve patient experience.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Every patient over the age of 75 had been allocated a named responsible GP, and had been informed of this in writing.

The practice employed pharmacist undertook full clinical medication reviews of newly registered older patients and others referred by the GP. Additional paper-based medication reviews were also undertaken, for example post hospital discharge and from risk-based indicators. A description of this service was recently published by the practice pharmacist and lead GP in 'Prescriber', a journal for health professionals about medicines management.

### People with long term conditions

Good

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

The practice had named clinicians including GPs, nurses and the pharmacist to lead specific areas of chronic disease management, ensuring a multi-disciplinary approach to the management of long-term conditions. There was a monthly recall of patients which incorporated a single appointment for those presenting with multiple conditions. Patients were kept under review at a quarterly multi-disciplinary meeting involving all relevant team members involved in the patients' care packages.

A number of audits were carried out for patients with long term conditions, including one to identify at-risk patients who were being prescribed medicines commonly associated with prescribing errors to enable corrective action to be taken reducing the risk of this happening. .

The practice had developed an asthma self-management plan in conjunction with patients. The pharmacist has been invited to the Nottingham Asthma Task Group to speak about this development.

# Summary of findings

We received comment cards from two patients with long term conditions which confirmed their health needs were monitored carefully and that they received regular health checks.

**Families, children and young people**

Good

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

There were systems in place to identify children who were at risk, for example, children and young people who had a high number of A&E attendances. There was a robust call and recall process in place for child immunisations and immunisation rates were relatively high for all standard childhood immunisations. For example, the percentage of two year old children receiving vaccinations ranged from 95%-96.7% and this was in line with the CCG average. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Parents we spoke with confirmed that they had received explanations about vaccines to enable them to make informed decisions about their child's health and wellbeing. Nurse appointments were available outside of school hours and the premises were suitable for children and babies. There was evidence of regular joint working with midwives and health visitors. Patients were able to access baby changing and breast feeding facilities on site.

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

Good

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

The age profile of patients at the practice fell mainly within this population group. The needs of the working age population, those recently retired and students had been identified and the practice offered services to ensure these were accessible, flexible and provided continuity of care. The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice planned to introduce early morning appointment times from 1 October 2015. The capacity for appointments was planned to increase as the practice were actively recruiting a new GP. The practice supported a weekend GP service which enabled greater access for patients beyond standard opening hours. This is funded by the Prime Minister's Challenge Fund and is part of a wider scheme across all CCG practices.

# Summary of findings

**People whose circumstances may make them vulnerable**

Good

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

There was a named GP Clinical Lead to oversee care for patients with a learning disability. The practice had carried out annual health checks for people with a learning disability and 86% of patients on the register had been reviewed. The practice worked closely with six local learning disability care homes where the practice provided support, undertaking visits if the patients were not able to attend surgery. Longer appointments were offered to accommodate the needs of patients with a learning disability.

We received comments from a representative of one of the learning disability homes covered by the practice, who told us that the service received was excellent and that the doctor took time to explain procedures and treated patients with compassion and care.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and when to report concerns.

The practice actively worked with The Carers Federation to identify carers and signpost them to relevant support. A Carers Federation representative attended the surgery weekly, and met regularly with the practice manager

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). A call and recall system was in place for the annual review of all mental health patients. Longer appointments were offered to accommodate patients' needs.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Staff had received training on how to care for people with dementia. Carers of patients with dementia were identified for a well person's check and invited to attend for an annual influenza vaccination.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, and data provided by the CCG demonstrated that the

# Summary of findings

practice made appropriate referrals to other services when indicated. It had a system in place for the GP to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

There was a named clinical lead in the practice for mental health

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 90 responses to the 295 surveys distributed which is equivalent to a 31% return rate of those invited to provide comments on their experience.

The practice scored higher than average in terms of patient experience in making an appointment, and ease in booking that appointment via the telephone, and also in regard to accessing a preferred GP. For example:

- 95% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 73%.
- 92% find it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%.
- 72% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.

However, results indicated the practice could perform better in certain aspects of care, although these were still broadly in line with other local practices.

- 82% find the receptionists at this surgery helpful compared with a CCG average of 91% and a national average of 87%.
- 82% say the last GP they saw or spoke to was good at treating them with care and
- 86% say the last GP they saw or spoke to was good at explaining tests and

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 completed cards which were almost exclusively positive about the standard of care received. Patients commented that the service was excellent, caring, friendly and staff were described as polite, helpful and attentive. Additionally, we spoke with 6 patients on the day of the inspection who were very positive about the service they experienced. These patients said they felt the practice offered a good service and staff were caring and treated them with dignity and respect. They said the GPs listened and understood their needs and they were involved in decisions about their care.

# West Bridgford 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 adviser, a second CQC inspector, a practice manager specialist adviser and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

## Background to West Bridgford Medical Centre

The West Bridgford Medical Centre is located within West Bridgford Health Centre which also hosts a number of community based health care services. It is in a residential area near to Nottingham.

There are 4,220 patients on the practice list and the majority of patients are white British. The list size is growing by approximately 10% each year. There are a higher proportion of young children, and adults aged between their late twenties and early forties on the patient list compared with other practices in England. There is also a student population residing in the local area. There has been a recent increase in older patients due to relocation of other centrally based practices to a new location out of the main town.

The practice has two part time GP partners (one male and one female) and a male salaried GP who provides input on one day each week. The practice are currently seeking further GP recruitment to increase their capacity. It is a teaching practice for first, second and fifth year medical students. There is a practice manager, two practice nurses, phlebotomists, pharmacist, medical secretaries, reception and administration staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. Telephone and urgent appointments are available from 8.00am and general appointments are from 8.30am to 11.30am every morning, and 2pm to 6.00pm every afternoon.

The practice work collaboratively with other practices in the local area to provide input to a GP service on Saturday and Sunday mornings and at Bank holidays through the Prime Minister's Challenge Fund. During the evenings and after 1.00pm at weekends, an out-of-hours service is provided for patients by Nottingham Emergency Medical Services (NEMS) via the 111 service.

The practice has a Personal Medical Service (PMS) contract and offers a range of enhanced services including minor surgery.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the

# Detailed findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew.

During our inspection we spoke with a range of staff including the GPs, practice nurse, pharmacist, reception staff and the practice manager, and we talked with six patients who used the service and three patient participation group members. We also spoke with community based healthcare staff who work with the practice. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 45 comment cards where patients and members of the public shared their views and experiences of the service.

Good

# Are services safe?

## Our findings

Our findings

**Safe track record and learning**

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received an invitation to meet with the GP or practice manager and were given a sincere apology and told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was a recording form available. The practice carried out an analysis of the significant events.

There were 16 significant events recorded in 2015, of those 14 concerned errors in processes and procedures, for example errors concerning patient names. Fourteen of the significant events had been resolved with identified action points to minimise any recurrence of the same or similar event. For example, further to a fax being sent, but not received by the hospital, regarding a two week cancer referral, the practice protocol was amended to make it a standard procedure to ring the hospital to confirm receipt of any subsequent faxed referrals.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with the practice team to make sure action was taken to improve safety in the practice. For example, the pharmacist set up alerts on the electronic system if urgent action was needed in respect of patient medication safety issues.

Incoming safety alerts were cascaded to relevant team members although there was no log maintained to demonstrate what had been received and what actions had been instigated as a result, nor the outcomes achieved from this.

**Overview of safety systems and processes**

The practice had defined and embedded systems, processes and practices in place to keep people safe, which included:

- Although arrangements were in place to safeguard adults and children from abuse details of safeguarding referral contacts were not readily available and staff were unable to source this information during our inspection. We received evidence from interviews with staff to assure us that any concerns were reported immediately to a clinician or the practice manager. There was an identified lead clinician for safeguarding. The GPs attended safeguarding meetings when possible or provided reports if unable to attend to ensure collaborative working with other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record, and this was observed by our inspection team. Safeguarding was a standing agenda item at the weekly clinical meetings. The practice had established a good working relationship with the health visiting team. We spoke with a representative from the health visiting team. They told us the doctors had an 'open-door policy' and were proactive about sharing any concerns about families and acting on information received from the health visitors.
- A notice was displayed in the waiting room advising patients that chaperones were available if required and stating that patients' comfort was the priority. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The premises were leased and the landlord co-ordinated risk assessments and any subsequent actions required for the control of substances hazardous to health, cleanliness, and legionella on behalf of the practice. A legionella risk assessment had been completed by the landlord and procedures were in place to prevent the growth of legionella. The health centre had an up to date fire risk assessment, although the practice were not fully aware of the outcomes of this and how this may impact on them. Fire drills were planned annually, although the last evacuation was undertaken 18 months ago, and no date had been set for this to be undertaken at the time of the visit. All electrical equipment had been tested to ensure the equipment was safe to use in January 2015. Clinical equipment was checked to ensure it was working

properly and had been marked to confirm this, although no certificate of inspection was available. There were no asset inventories available to record the details of equipment owned by the practice.

- The practice employees were not directly responsible for cleaning the premises as this was undertaken by the landlord. Cleaning schedules were in place and monthly audits were done by the health centre manager and cleaning contractor. These highlighted any actions required to improve the standards of cleanliness and records demonstrated these had been addressed. Clinical waste was appropriately managed. We observed the premises to be clean and tidy, and comments we received from patients indicated they always found the premises to be clean. Patients commented that they observed staff wash their hands and change gloves when they were examined. Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) were available.
- There was a practice infection control policy in place and all staff had received infection prevention and control training. Clinical waste disposal contracts were in place and spillage kits were available. A procedure was in place to manage needlestick injuries.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out by the practice employed pharmacist and the practice also engaged well with the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. For example, in response to the annual CCG prescribing report, the practice undertook an audit into the appropriateness of prescribing certain antibiotics in July 2015. The practice were in the process of arranging a clinical meeting to agree what steps they wished to take to ensure antibiotic prescribing was in accordance with local and national guidance. The pharmacist ensured that patients on high risk medications such as Lithium (a drug used for mental health conditions) was monitored closely to ensure they were kept safe. The practice only used electronic scripts and no prescription pads were used. All rooms where prescriptions were printed were kept locked when unoccupied.

The practice had effective systems in place to support the storage of vaccines. The practice nurse took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medicines were in date and there were enough available for use.

- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There were sufficient numbers of staff with appropriate skills to keep people safe.

**Arrangements to deal with emergencies and major incidents**

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The oxygen had just been purchased by the practice and as such arrangements for the checking of the cylinder were unclear on the day of the inspection. 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 fit for use. There was a first aid kit and accident book available within the practice.

The practice had a comprehensive and up to date business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff; the practice had buddy arrangements in place to ensure continuity of service.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

We saw that patient care and treatment was delivered in line with recognised best practice standards and guidelines including the National Institute for Health and Care Excellence (NICE), CCG pathways of care. Staff told us that information and any changes in legislation or national guidelines were shared during regular clinical staff meetings. Records we viewed confirmed this.

New patients were offered health checks when they joined the practice. GPs had lead roles for a number of areas including cancer, palliative care and mental health. These GPs served as a source of expertise for colleagues in the practice and were responsible for ensuring new developments or specific clinical issues were discussed at the relevant practice meetings.

**Management, monitoring and improving outcomes for people**

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a voluntary reward scheme intended to improve the quality of general practice and patient care. The practice used the information collected for the QOF to monitor outcomes for patients. The QOF results for 2013-14 indicated the practice had achieved 89.9% of the total number of points available (compared to the CCG average of 94.7% and the England average of 94%). The practice exception reporting rate was 7.5% (this means the number of patients excluded by the practice when calculating their QOF achievement). However, practice supplied data for the year 2014-5 showed an improvement and the practice had achieved 96% of the total number of points available to bring them in line with local and national averages. This updated data has not been verified or published at the time of the inspection.

The practice proactively reviewed data where it appeared to be an outlier (an outlier is when data shows a practice performance or prevalence is significantly different to local and national averages). In one example, the practice was reviewing some screening rates which were lower than average although this seemed to be explained by the demographics of their practice population. The practice planned to reassure themselves of this by reviewing patients' records.

The practice had carried out four outcome improvement audits in the last 12 months to improve the effectiveness of treatment for patients. The outcome of the reviews demonstrated the practice staff were following evidence based practice. For example one review considered the use of analgesia in managing chronic pain which demonstrated that they were following best practice in respect of prescribing.

We saw a completed clinical audit cycle in respect of the use of Aspirin in the primary prevention of cardio vascular disease. The initial audit was undertaken between 2014-15 and identified 38 patients appropriate for review who had not been previously identified. This audit was repeated in January 2015 and the re-audit showed all of the patients had been reviewed in line with recommended best practice.

**Effective staffing**

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, and confidentiality.
- Most staff had received appraisals within the past year and learning and development plans had been developed following these meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Each member of staff was allocated protected learning time in line with their responsibilities and hours, for example staff were given protected time to review any new or updated practice policies. The practice were also supportive in developing their team and this was evidenced by supporting a new practice nurse to pursue a Masters in Science qualification.
- 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

Good

# Are services effective?

## (for example, treatment is effective)

and their intranet system. This included care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on both a monthly and a quarterly basis (incorporating wider membership of the multi-disciplinary team) and that care plans were routinely reviewed and updated.

Information sharing was facilitated by the co-location of the practice in the health centre which hosted a number of community services such as district nursing and health visiting. This created a positive environment for sharing information quickly to benefit patient care.

In 2012/13 the practice undertook a research project in conjunction with Nottingham University Hospital, the CCG and another GP practice to identify patients with existing liver abnormalities and to offer them a community fibroscan to help identify those at greatest risk of sclerosis of the liver, and refer them appropriately to ensure they received the appropriate care package.

**Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

**Health promotion and prevention**

The practice shared its premises with a health centre and there was a wealth of health promotion information displayed throughout the reception area.

Patients who may be in need of extra support were identified by the practice. 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. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.7%, which was in line with CCG average and above the national average of 74.3%. There was a procedure to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages for children under two years of age. The figures for 5 year olds were slightly lower than CCG percentages.

The 2013-14 influenza vaccination rates for the over 65s were 70.5% compared to a national average of 73.24%, and influenza vaccinations for clinical risk groups was 38.5% compared against a national average of 52.29%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified and this was confirmed by patients we spoke with during the visit.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

The practice ensured that patients' privacy and dignity was maintained by providing curtains in the consulting room, and keeping doors closed during consultations to maintain patient confidentiality. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with respectfully. There was a notice prominently displayed in the reception area inviting patients to request a more private area to discuss confidential matters.

All of the 45 patient CQC comment cards we received were positive about the way practice staff communicated with them. Patients commented that they were treated with care, dignity and respect. We spoke with six patients on the day of our inspection whose views were in line with the comment cards received.

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

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 91% said the GP they last saw gave them enough time during the consultation compared to the CCG average of 90% and national average of 87%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.

The practice had published the results from their monthly friends and family returns on their website since January 2015. This assessed the percentage of respondents who would recommend the GP practice to friends and family if they needed similar care or treatment. The results were consistently positive and were rated amongst the best locally. The latest results showed that 87% of respondents would be highly likely to recommend the practice whilst the remaining 13% would be likely to recommend to others.

**Care planning and involvement in decisions about care and treatment**

Patients we spoke with told us that they were involved in decisions about treatment alternatives to manage their health needs. All of the comment cards we received commented positively about the way GPs and nurses explained their health needs to them, they also commented that staff listened to them and gave them time. Several gave examples of how this had led to better care for them or their family.

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

- 83% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%, although this was slightly below the CCG average of 86%

Staff informed us that the practice offered the use of translation services for patients whose first language was not English. However, we did not see any notices in the reception areas informing patients this service was available. Information on the practice website including advice on new patient registrations could be translated into many different languages.

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

Notices and written information in the patient waiting area told patients how to access a number of support groups and organisations. The practice had a named carers' champion and they were named on posters in the reception area. There was a practice register of carers and 2.5% of the practice list had been identified as carers.

The practice actively worked with The Carers Federation to identify carers and signpost them to relevant support. A Carers Federation representative attended the surgery weekly, and met regularly with the practice manager

The practice's computer system alerted GPs if a patient was also a carer, and a facility to update personal information via the use of a web form on the practice website includes details of those who are caring for others.

Good

# Are services caring?

We received comment cards from five patients who had experienced different forms of bereavement. They all commented on how practice staff had listened to them, made themselves available and had been responsive not only to their patients but to the patient's family. This support was described as being superb.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice worked with the local CCG to plan services and improve outcomes for local patients. For example, the practice had been identified as a high user of A&E (Accident and Emergency), emergency admissions and outpatient first attendance at the local hospital. The practice were fully aware of this issue and had analysed the reasons for this with the CCG, and were working proactively to address this. For example, they were actively trying to increase capacity for GP appointments; providing information to their patients regarding appropriate attendance at the hospital; and devising action plans for very high attenders at A&E.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Patients could book appointments and request repeat prescriptions online via the practice website, together with access to the summary care record on-line.
- The practice offered a full electronic prescriptions service to patients which reduced the need for patients to visit the surgery to collect prescriptions
- The practice used an automatic SMS text messaging system for appointment reminders and messages to reduce non-attendance.
- The practice were involved in the 'Doctor First' project which enables practices to effectively manage patient demand by a doctor talking to all patients prior to being allocated an appointment at the surgery. This enables the patients to be seen on a clinical priority basis and helps the GP to make the best use of their consultation time.

**Access to the service**

The practice was open between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments were available from 8.30am to 11.30am every morning and between 2pm and 6.00pm every afternoon. Telephone appointments were available from 8.00am. The pre-bookable appointments could be booked up to two months in advance; urgent appointments were also available for people that needed them on the day. Some of the people we spoke with said they found it more difficult to get non urgent appointments. We checked when the next non urgent appointment would be available and this was in three days to see a nurse and four to see a GP.

The majority of the 45 patient comment cards indicated that access to appointments was good.

Plans were in place to introduce extended appointment hours from October 2015. The practice participated in a weekend service for patients within their CCG, so that they could access a GP appointment at a local practice up until 1pm. There were posters in the reception area informing patients of the on-line appointment booking and repeat prescription service to ensure they were aware of this option if they wished to use it.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above both local and national averages and people we spoke to on the day were able to get appointments when they needed them for urgent appointments. For example:

- 95% of patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 92% of patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 67% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

for GPs in England but required some minor updates to reflecting new organisations. The practice manager and one of the GPs had designated responsibility for handling all complaints in the practice.

There was a practice leaflet for patients advising them how to raise any complaints or concerns about the service. None of the patients we spoke with had any cause to complain. They were not fully aware of the process to do this but said they would feel able to approach staff should they need to.

We looked at four complaints received in the last 12 months and these had all been investigated in a timely way and had been responded to.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint had arisen in response to a request for a home visit. This had been reviewed by undertaking a full analysis into what had happened, and resulted in a change to practice protocols, further training being provided to reception staff, and a meeting with the patient's family to discuss their outcomes. Learning from complaints was evidenced by discussions recorded at clinical meetings.

# Are services well-led?

Requires improvement

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

## Our findings

**Vision and strategy**

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the practice and staff knew and understood the values.

**Governance arrangements**

The practice had the following systems as part of their governance framework;.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice clinical meetings took place weekly and were documented. This included a review of significant events and complaints, and all staff were able to access the minutes of the meeting to ensure wider learning. One of these meetings took place during our inspection and was observed by our GP Specialist Adviser and this was deemed to be very effective. Whole staff practice meetings were held on a quarterly basis, and these were also documented.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

However, some of the systems were not effective and did not enable the providers to have effective oversight of quality and risk:

- Arrangements for identifying, assessing and monitoring risks were not robust in that the practice did not have effective systems to ensure risk was identified, assessed and mitigated. For example there were no formal systems and processes in place to assure them that all environmental requirements were being met by the landlord and could be evidenced (for example actions required following the legionella risk assessments, evidence of electrical safety and calibration of equipment.)
- The role and identification of the infection control lead was unclear, and consequently this had impacted on the practice in terms of the overall management of infection control, for example audits and in house training had not been undertaken.
- The practice manager had not received an annual appraisal
- The systems in place to ensure records in relation to people employed at the service were accurate and easily available needed to be strengthened. For example ensuring pre-employment checks in respect of staff were kept and ensuring there were contracts or formal agreements in place for a recent locum employed directly by the practice.
- Whilst a comprehensive range of practice policies were in place, these had been adapted from templates which lacked some of the information pertinent to the practice and its links to local organisations – for example local safeguarding contacts and referral details.

**Leadership, openness and transparency**

The partners told us they prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners told us they encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held and confirmed 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. Staff said they felt valued and supported by the practice, and this was reflected in the very low turnover in practice staffing. All 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.

The practice was proactively engaged with local practices and their CCG. They had been involved in a number of joint projects to enhance quality and service provision across the local area. For example, participation in the Productive General Practice programme, a scheme developed by the NHS Institute for Innovation and Improvement. This was designed to help general practices to deliver high quality care whilst meeting increasing demands and expectations. This resulted in improvements in saving reception time by promoting the use of a touch screen log in facility, increasing usage from 10% to 50%, and developing electronic scripts so that one third of repeat prescriptions are now submitted directly for issue by the patient's preferred pharmacy.

The practice were mindful of future service needs and were considering future succession planning to ensure they had

# Are services well-led?

Requires improvement

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

the right balance of staff to provide ongoing high quality care to their patients. They were working collaboratively with other practices and the CCG in the development of a 'Partnership of Partnerships' for the future. This would maintain the practice's own identity whilst providing an opportunity for the future in terms of being able to potentially provide a wider range of services, and standardisation of some wider managerial functions including payroll.

The practice recognised that one of their most significant challenges was the increasing practice list and the need to expand to accommodate demand. The practice told us that this was difficult due to the confines of their present location but we saw that they were striving to progress the issue.

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

Patients and the patient participation group members we spoke with told us the practice encouraged and valued feedback from patients. The patient participation group (PPG) told us the practice supported them well and they were encouraged to have open and honest discussions with the practice. The PPG met every three months and their meetings were attended by a GP, the practice manager and a practice secretary. The PPG submitted proposals for improvements to the practice management team. For example, the waiting room had been re-arranged to make it easier for patients to look at information in the reception area.

The practice undertook patient surveys and shared the results with the PPG, they also shared the outcome and learning from a patient complaint with them. The PPG had helped to design the latest version of the practice questionnaire.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw examples of this in the staff meeting minutes including an issue raised in respect of chaperone duties. This led to the GPs being more aware of giving a full explanation to both the patient and chaperone of the rationale for the procedures being undertaken. Staff told us they felt involved and engaged to improve how the practice was run.

We reviewed feedback from patients on the NHS Choices website and this was good overall. Six of seven comments gave extremely positive feedback on individual experience in respect of the way the patient had been treated and listened to, and the ease of obtaining an appointment. The one negative comment had been responded to by the practice who had invited the patient to approach the practice to discuss the issue directly to resolve this. This showed a commitment by the practice to respond to the views of their patients.

**Innovation**

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the two GP partners were actively engaged with their CCG and each had a lead area for the organisation. The practice were also part of a vanguard site development within the CCG to establish a new and unique primary care partnership and organisation, which will lead on the transformation of general practice. This is one of 29 schemes across the country to re-design health care services to develop new model of integrated care focussed on early intervention, living well at home and avoiding unnecessary use of the hospital. Care will be delivered closer to patients' homes resulting in an enhanced experience and improved clinical outcomes, and better use of available resources

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**The provider must have effective systems and processes in place to enable them to to identify, assess and mitigate the risk related to health, safety and welfare of service users in relation to; having adequate assurances on the site related functions managed by the landlord of the premises. Having a designated lead for infection control and ensuring infection control audits had been undertaken, and ensuring all staff have received an appraisal including the practice manager.**<br>Regulation 17 (1) (2) (b) |