

Oakenhall Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakenhall Medical Practice on 16 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning outcomes were shared with staff.
- Risks to patients were assessed and well managed. These included systems to manage health and safety matters such as checking that equipment was working and safe to use and infection control measures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit helped to drive quality improvement. Staff had been trained and 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. Patient feedback was positive regarding the standard of care received.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Whilst patients said access to appointments could be difficult, they also said they found it easy to make an appointment with a named GP. There was continuity of care, with urgent appointments available the same day including telephone consultations.
- The practice had good facilities and was 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.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Take more proactive steps to improve QOF performance.
- Continue to review arrangements to address all the issues raised in the national patient survey, particularly in relation to access and reception staff helpfulness and attitude. The provider should assess whether measures taken have proved successful.

- Review the arrangements in reception to reduce the risk of conversations with patients being overheard.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings where all staff who worked in the practice attended.
- When things went wrong patients received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. This included health and safety; ensuring sufficient staff in place to meet patient needs; and suitable emergency procedures 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 (QOF) showed patient outcomes were generally below average compared to the national average. The practice had achieved 86% of available QOF points in 2014/15 compared to the CCG average of 95%. The practice's overall exception rate reporting was 9.2% which was similar to the CCG average of 9.1% and was the same as the national average.
- The practice told us that their low QOF achievement in 2014/15 was due to a shortage in nursing staff, but recruitment of an additional nurse had now taken place. The practice provided data to show improvement in achievements for 2015/16. This data had not yet been verified and published.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Clinical Excellence (NICE).

Summary of findings

- Clinical audits demonstrated quality improvement including improved patient outcomes. For example, an audit of patients with chronic obstructive pulmonary disease (COPD) resulted in a change of medicines prescribed. This was in line with best practice guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 99% of patients who said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- Data also showed that patients felt that receptionists at the practice could provide more assistance. 78% patients found receptionists helpful compared to the CCG average of 87% and national average of 87%. This was supported by feedback we received from some of the patients we spoke with and from reviews left on NHS Choices website. Practice management told us that additional training requirements were being identified where necessary.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand, accessible and included on the practices website. A variety of information was available for those patients who were also carers.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality. We did however note that the layout of the reception area meant that it could be difficult to ensure that conversations between reception staff and patients were not overheard.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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. The practice offered same day appointments for those who had urgent medical needs or a same day telephone consultation with a GP.
- Patient survey data as well as the patients we spoke with showed that it could be difficult to make an appointment, although it was easier to see a preferred GP. For example:
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 65% of patients usually get to see or speak to their preferred GP compared with the CCG average of 55% and national average of 59%.
- The practice had made changes in light of patient feedback and had provided additional GP cover and increased the number of receptionists answering the telephones.
- The practice was equipped to meet patient needs. This included disabled facilities, a hearing loop and translation services.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for

Good



Summary of findings

notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Review took place to ensure any corrective measures implemented from incidents which occurred had been effective.

- The practice proactively sought feedback from staff and patients, which it acted on. The practice told patients about the actions it had taken to improve services as a result of feedback they received. The patient participation group was active and engaged with patients and the practice management.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in meetings we held with staff, audits undertaken and the practice plans to develop in the future taking into account a growing population within the vicinity of the practice.

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. The practice cared for a higher elderly population group compared with the national average.
- The practice provided care to patients residing in nine residential care homes. Each of these homes had a named GP to ensure continuity of care for patients and to build a supportive relationship with care home management. Care home staff we spoke with told us they were happy with the services provided and the practice were responsive to requests for any additional visits required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice also offered vaccinations to those housebound patients.

People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and action taken to reduce the likelihood of attendance.
- Data showed in 2014/15 that the practice was performing below local and national averages in a number of indicators including diabetes. For example, the practice had achieved 61% in diabetes indicators overall, which was under the CCG average of 87% and national average of 89%. The practice provided data for 2015/16 to show it had improved its performance to 73% in this area. The data provided had not yet been validated or published.
- A monthly clinic was available with a diabetic specialist nurse for initiation of insulin and review of patients with complex diabetes problems.
- Longer appointments and home visits were available when needed.

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 93% to 100%. This was comparable to 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.
- Appointments were available outside of school hours and the practice prioritised appointments for sick children.
- The practice had changed its computer system which improved communications with the health visiting team, school nurses and midwives. We saw examples which demonstrated joint working with these attached staff was effective.

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 practice offered appointments on weekdays up until 6.30pm which enabled flexibility for working age patients, students and those recently retired to attend. Routine appointments were available for booking up to two weeks in advance.
- Working age patients were offered a telephone consultation with a GP on the same day of request if the patient could not attend for an appointment or one was not available.
- Nurse led clinics were available from 8am to 6.30pm on weekdays to enable working aged women to attend for cervical cytology.
- 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The

Summary of findings

practice offered longer appointments for patients with a learning disability. For those patients who chose to attend with a carer, a flexible appointment time was provided. Appointments were allocated with the same GP to ensure continuity of care.

- The practice had 32 patients aged 14 or over on its learning disability health check register. (These had been validated with assistance of the Learning Disabilities Health Facilitator). Data provided by the practice showed 27 of these patients had been offered an annual health check and 26 had received one.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Documentation supported that patients received ongoing care and support from the appropriate health care service(s).
- Care plans had been implemented for those identified as close to the end of their life. Data showed that in February 2016, 17 patients had these plans in place. The practice held regular multidisciplinary meetings where all patients who were vulnerable and requiring intervention were discussed with input from other care teams into their holistic care.
- The practice offered flu vaccinations to carers of vulnerable patients.
- 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.

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).

- Data from 2014/15 showed that 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was slightly lower than the CCG average of 88% and slightly higher than the national average of 84%. Exception reporting was 6.6% lower than the CCG average and 5.9% lower than national average.
- Data from 2014/15 showed that 78% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below the CCG average of 86% and below the national average of 88%. Exception reporting was 0.4% below CCG average and 5.6% above national average.

Good



Summary of findings

We were provided with information from the practice which showed that overall performance for mental health indicators had improved in 2015/16. This data had not yet been validated or published.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as counselling services, the Samaritans and Focus Line.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results overall showed the practice performance was generally mixed when compared to local and national averages. 264 survey forms were distributed and 117 were returned. This represented 44% response rate.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive

about the standard of care received. Patients said they felt listened to and staff were caring, understanding and involved them in decisions about their care. One comment card stated the care received was the best that anyone could have asked for. A number of comment cards made particular reference to staff within the practice.

We spoke with seven patients during the inspection. Six patients said they were highly satisfied with the care they received and the time given to them to speak during their appointments. They also said most staff were approachable, committed and caring. One patient told us they felt rushed during their appointments but still felt involved in their care and treatment. A number of comments were received regarding the difficulties in making a same day appointment and the attitude of reception staff which some patients said could be abrupt.

We reviewed data the practice had collated from the NHS Friends and Family test. In April and May 2016, 20 responses had been received. Of these, 17 patients stated that they would be extremely likely or likely to recommend the practice, 2 were unlikely, and 1 did not provide an opinion.

Areas for improvement

Action the service **SHOULD** take to improve

- Take more proactive steps to improve lower QOF performance.
- Continue to review arrangements to address all the issues raised in the national patient survey, particularly in relation to access and reception staff helpfulness and attitude. The provider should assess whether measures taken have proved successful.
- Review the arrangements in reception to reduce the risk of conversations with patients being overheard.

Oakenhall Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oakenhall Medical Practice

Oakenhall Medical Practice is located in Hucknall, a town in Nottinghamshire which is in the district of Ashfield. It is seven miles north-west of Nottingham. Whilst there is direct access to the practice by public transport, there is no on-site parking. Public car parking is available within walking distance of the practice.

The practice currently has a list size of approximately 7149 patients.

The practice holds a General Medical Services (GMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Nottingham North and East CCG.

The practice is situated in an area with mid-average levels of deprivation. It has a higher than national average of working aged adults and older age population. A lower number of patients registered at the practice are working or in full time education compared with the local CCG average.

The practice is managed by four GPs (1 male, 3 female). The partners work on a part time basis and their hours worked equates to the practice having 3 full time GPs.

The GPs are supported by some regular locum doctors and other clinical staff; three female part time practice nurses, one male part time healthcare assistant. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice is a training practice for medical students and nurses.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays to Fridays 8am to 6.30pm. The practice does not offer extended hours access. The practice is closed during weekends.

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 currently provided by Nottingham Emergency Medical Services (NEMS). When the practice is closed, an answerphone message redirects callers to the out of hours service.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, healthcare assistant, practice manager, reception and administrative staff) and spoke with 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 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support and a verbal or written apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events where all staff at the practice were involved in discussions.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were provided with details of a significant event involving a vaccinations error. We noted that the patient affected was contacted to advise and full explanation provided. Other agencies were consulted to seek opinion regarding the implications of the event. This included the medicines manufacturer. Learning outcomes were noted amongst all practice staff and action taken to prevent a similar incident occurring again. This included the use of baskets to hold medicines stock and prevent medicines slippage from occurring. Other outcomes included a decision to store travel immunisations and baby vaccinations separately.

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. These arrangements reflected relevant legislation and local requirements. 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. Contact information for safeguarding agencies was also posted on walls in clinical areas to ensure ease of accessibility for staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage safeguarding children concerns.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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. Annual infection control audits were undertaken, the latest in May 2016 and we saw evidence that action was taken to address any improvements identified as a result. We reviewed an action plan which identified the requirement to remove a fabric chair in one of the treatment rooms. We noted that this had been actioned.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Robust processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- 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

Are services safe?

safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed a sample of these directions. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription.

- We reviewed three personnel files and found 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. The practice had also utilised locum doctors and our review of two recruitment files showed that checks had been made including DBS checks, identification verification and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training in their induction programme. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw documentation which confirmed the last testing took place in 2015. 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). A risk assessment had taken place in December 2014.

- 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 enough staff were on duty. The same locum doctors were utilised regularly to ensure enough clinical cover was in place.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received 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. 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had an agreement with other local practices to use their facilities in the unlikely event of the building becoming unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had systems in place to keep all clinical staff up to date with current evidence based guidance. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and Map of Medicine and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, data received from the CCG, audits and checks of patient records.

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 86% of the total number of points available, with 9.2% overall exception reporting. (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).

Data from 2014/15 showed:

- Performance for 11 diabetes related indicators was 61% which was below the CCG average of 87% and national average of 89%.
- The percentage of patients with asthma who had received a review in the previous 12 months was 80% which was above the CCG average of 76% and above national average of 75%. Exception reporting was 1.2% above CCG average and 2.1% above national average.
- 78% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below the CCG average of 86% and below the national average of 88%. Exception reporting was 0.4% below CCG average and 5.6% above national average.

- Performance for the depression indicator was 39% which was below the CCG average of 85% and national average of 84%. Exception reporting was 9.5% above CCG average and 13.3% above national average.
- The practice had 32 patients aged over 14 years on its learning disability health check register. Data provided by the practice showed that 27 of these patients had been offered an annual health check and 26 of these had received one.

We discussed why performance in some of the QOF indicators was low in 2014/15 compared with local and national averages. We were informed that the practice had been under resourced in its nursing staff and this had affected its results, particularly within diabetes related indicators. The practice also told us that coding problems had accounted for low results in depression outcomes. The practice advised us that they had taken steps to address QOF performance for 2015/16. This had included the recruitment of an additional nurse who had been undertaking diabetic management training since her appointment to post. The practice had also assigned individual partners responsibility for each QOF performance area and had taken more proactive action to recall patients with long term conditions for their annual reviews.

The practice provided us with information which showed an increase in QOF performance for 2015/16 although some further steps were required to ensure performance was in line with CCG and national averages. For example;

- Performance for diabetes related indicators increased to 73% from 61%.
- Performance for depression increased to 86% from 39%.
- Performance for all of the mental health indicators increased to 88% from 80%.

This data had not yet been published and validated. The practice also told us they sought to ensure exception reporting was kept in line with local and national averages. This had involved the practice contacting patients by telephone if they failed to respond to invitations to attend for annual reviews. The practice GPs had also started to discuss reviews with patients if they attended the practice with other health issues.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been a number of clinical audits completed in the last two years including full cycle audits. We reviewed a completed audit involving patients with chronic obstructive pulmonary disease (COPD) prescribed with a particular medicine which new guidance had advised changing. As a result of the audit, the number of patients remaining on the medicine had reduced from 48 to 18. Of those 18, the practice had documented the reasons for the patients continuing to take the medicine.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice had undertaken a number of initiatives in collaboration with the CCG such as a review of trauma and orthopaedic referrals and ophthalmology referrals to assess if all options had been considered in the decision making process. Following analysis, it was concluded that all referrals had been appropriately made. The practice were currently participating in a CCG initiated audit looking at particular medicines used for patients who have an abnormal heart rhythm and therefore at risk of heart failure, dementia and stroke.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Training was monitored by practice management to ensure staff complied with expected requirements.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also reviewed local data to identify patients who had attended hospital and analysed whether such admissions were appropriate and how they could be avoided. We saw documentation which supported the review of these patients and collaborative working with other healthcare providers.

Consent to care and treatment

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

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed a separate information document for locum doctors.
- 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. Nursing staff told us that the practice was very supportive over staff undertaking training and development and staff regularly attended learning events organised by the CCG.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored. Patients were required to provide written consent for minor procedures undertaken; we saw evidence of consent obtained.

Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. As well as holding a monthly clinic for those with diabetes, the practice promoted DESMOND, an educational programme for patients who had type 2 diabetes or those at risk of diabetes. Patients who had anxiety or depression were referred to a self help organisation, Let's Talk-Wellbeing.
- The practice provided support to assist patients with smoking cessation and provided an in house smoking cessation service. Data provided by the practice showed that 701 patients out of 1144 registered as smokers had been offered help to stop smoking within the last two years. Patients could also seek help through a local support group, Smokefreelife.

The practice's uptake for the cervical screening programme was 80%, which was below the CCG average of 86% and similar to the national average of 82%. The practice nursing staff had planned their working hours to ensure sufficient cover was in place to offer smear testing for working aged female patients and encourage more uptake. This service was available from 8am on Mondays, Thursdays and Fridays and Tuesdays and Wednesdays up until 6pm. There was a policy to offer three written reminders for patients; the last reminder sent via recorded delivery. The practice's computer system prompted clinical staff when a patient was overdue their test and this was then discussed with the patient.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 59% which was lower than the CCG average of 63%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 80% which was similar to the CCG average of 79%.

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 93% to 99% within the practice. The CCG rates varied from 92% to 96%. Five year old vaccinations ranged from 94% to 100% within the practice. The CCG rates ranged from 88% to 98%.

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. In December 2015, the practice had issued 137 invitations and undertaken 83 health checks. 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 helpful to patients and treated them with dignity and respect. We found however, that because of the layout of the reception area, conversations could be easily overheard when patients spoke with staff. The practice management acknowledged they were constrained in the building they currently worked in which impacted on privacy within the reception area.

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

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine members of the patient participation group (PPG). They also told us they were satisfied with the care provided and the practice were engaged with them to continuously improve patient care. 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; although satisfaction scores were below average in respect of contact made with receptionists. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

We also reviewed feedback left on NHS Choices. Seven comments were left by members of the public since 2015. Three negative comments referred to attitude or helpfulness of reception staff. We discussed lower patient satisfaction scores regarding reception staff with practice management, as a number of patients we spoke with also made reference to this. Management advised us that administrative staff were required to undertake customer care training, but additional training requirements would be identified for those members of the team requiring further support.

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. The majority of patients 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. One patient had told us they felt their appointments were rushed. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

Are services caring?

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Feedback left on NHS Choices was mixed regarding care provided. Positive comments included that doctors were compassionate and understanding. The practice had responded to comments left and invited those leaving comments to make contact with the practice manager so problems could be discussed further.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available in the reception area for those who had hearing difficulties.
- The practice was planning to deliver training for staff to increase their awareness and understanding of problems faced by patients who had sight difficulties.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available which told patients how to access support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1.5% of the practice list). The practice had also identified that 123 of their patients had a carer. The practice had nominated a member of staff as a carers champion. We were informed that the practice had sought to identify carers during their last flu clinic and these patients were asked to complete written documentation. A variety of information was available to direct carers to the various avenues of support available to them and this was also included in the practice's website. Carers were advised of local events planned and signposting information was provided for support groups.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This contact was either followed by a patient consultation if considered appropriate and by giving them advice on how to find a support service.

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 same day appointments for patients who required to be seen urgently. In addition working age patients were offered a telephone consultation with a GP on the same day of request if the patient could not attend for an appointment or one was not available.
- Nurse clinics started at 8am and finished at 6.30pm to ensure flexibility for working age female patients to attend for cervical smear testing. Those working age patients with long term conditions could also attend these early morning and evening appointments to help manage their chronic diseases.
- Monthly clinics were provided for patients with complex diabetes problems. The diabetes specialist nurse reviewed these patients and could initiate insulin.
- There were longer appointments available for patients with a learning disability and they were offered a flexible appointment time to attend.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also offered administering vaccinations to those housebound patients.
- The practice provide care for a number of its patients living in nine residential care homes. This included patients living in a specialist unit with complex brain injuries or other complex neurological conditions. Each of the homes had a designated GP who undertook visits.
- Same day appointments were prioritised for sick children and the practice ensured appointments were also offered outside of school hours.
- Patients were able to receive travel vaccinations available on the NHS. For those requiring private travel vaccinations, they were referred to another service provider.
- A full range of contraceptive services were available for patients to meet their needs and preferences.
- The practice offered minor surgery to those patients who would benefit.

- A range of online services were offered which included appointment booking, requesting repeat prescriptions and test results.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open on Mondays to Fridays from 8am to 6.30pm. Appointments were available Mondays to Fridays 8am to 6.30pm. Appointments could be booked on the same day or pre-booked up to two weeks in advance. The practice did not offer extended hours access appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages, although access to a named GP rated more highly.

- 65% of patients usually get to see or speak to their preferred GP compared with the CCG average of 55% and national average of 59%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.

A number of patients we spoke with on the day of the inspection told us that they found it difficult to make appointments, as it was not easy to get through to the practice by telephone and availability could then be limited. We discussed patient feedback regarding access with the practice. The practice told us that they had since provided additional GP cover on Wednesday evenings and Thursday mornings and had doubled the number of reception staff to answer the telephones. The practice told us that all patients also had access to telephone appointments with a GP on the same day. We were given documentation which showed that the practice continually reviewed its appointments usage which it used for trends analysis.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Staff we spoke with told us that one of the GPs would contact patients requesting home visits by telephone to decide on appropriateness based on patient needs and requirements. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was provided to patients which included information on how to report complaints to the practice as well as external organisations. Information was also included on the practice's website.

The practice manager demonstrated a proactive approach to addressing complaints received and had met with a complaints lead at an NHS organisation to examine ways of reducing any negative patient feedback.

We looked at complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we reviewed a complaint involving customer service received by a complainant on a number of occasions. Detailed review and analysis was undertaken by the practice. Outcomes included additional training for staff and change in a procedure. Another outcome included that a particular policy had been correctly followed by clinical staff. Learning was shared in practice meetings held with all staff. Trends analyses was undertaken to ensure lessons were learnt from individual concerns and complaints.

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, although further steps were needed to improve performance and to ensure the vision was achieved.

- The practice objectives included the delivery of a safe and effective service to a whole population and the creation of a partnership between the patient and healthcare professional. Staff we spoke with, knew and understood the practices values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Practice management had identified the need to improve patient access and meet the needs of a growing population. 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 had plans to relocate to a new building and work together with other local GP practices.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy. 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. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented, updated and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practices review of patients at risk of hospital admission and assessment of its performance against QOF data and CCG statistical information. Further steps were needed to ensure the practice performance was in line with other local practices and best practice guidelines.

- A programme of clinical and internal audit was used to monitor quality and to make improvements. We reviewed some audit data which prioritised patient safety and identified improved patient outcomes.
- There were robust arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. We identified one weakness in relation to the absence of the monitoring of uncollected prescriptions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Administrative staff demonstrated their commitment to the practice management in working flexibly and undertaking additional hours to cover for a temporary staffing shortage.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people information, reasonable support and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence. This was reviewed to ensure corrective measures implemented had been effective.

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

- Staff told us the practice held regular team meetings. We reviewed documented minutes of regular meetings held which reflected leadership and staff engagement.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager and the partners in the practice. 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in improving patient access and the promotion of services and clinics available to patients.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 website included information on 'you said and we did'.