

Hucknall Road 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?

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 Hucknall Road Medical Centre on 20 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice had effective safeguarding procedures in place, with the safeguarding lead having protected time to review all patients on their safeguarding registers. There was active involvement of other healthcare professionals and agencies to mitigate risks and safeguard children.

- GPs showed a caring approach to patient care. Full health checks, including blood tests and chest x-rays, were provided to patients identified as asylum seekers when they first joined the practice.
- The practice used innovative and proactive methods to improve patient outcomes. This included developing information packs for patients newly diagnosed with type 2 diabetes, referrals to education courses and joint working with the local diabetes specialist nurse to improve the wellbeing of patients.
- Feedback from patients about their care was consistently positive. Data from the national GP survey showed 98% of patients surveyed said they had confidence and trust in the last GP they saw or spoke to.
- There was evidence of planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe.

Summary of findings

- The practice actively reviewed complaints to see if there were any recurrent themes, and identified issues where learning could be applied to improve patient experiences in the future.
- A range of extended opening hours were offered every morning from Monday to Friday and for four hours on Saturday mornings for the convenience of working patients. These included GP and nurse appointments.
- The practice was awarded the 'You're Welcome' status for meeting the criteria for young people friendly health services.
- The practice had a clear vision which had improving health and wellbeing as its top priority. There was strong and visible clinical and managerial leadership with effective governance arrangements.
- Staff told us that they were well-supported and felt valued by the management.

We saw some areas of outstanding practice:

- One of the GPs organised two evening meetings at one of the care homes to provide families with the

opportunity to meet the doctor and nurses with a representative from Age UK in attendance. This was an unpaid initiative outside of their normal working hours and it resulted in ongoing improved involvement of relatives in the care of patients and aided advance care planning. There was positive feedback from staff and patients' relatives which was shared with the CCG in order for them to consider including the visits as part of the paid local enhanced service for care homes.

An area where the provider should make improvements is:

- The provider should take steps to identify more carers registered with them in order to support them where appropriate.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing consistently in line with local practices on the Quality and Outcomes Framework (QOF). Patient outcomes for most clinical indicators such were better than the local CCG averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There were regular multi-disciplinary meetings with community matrons and care coordinators to discuss patients at risk of admission to hospital.

Summary of findings

- There was regular engagement with specialist care home nurses, community geriatricians, dementia outreach teams and the local community falls team to prevent avoidable hospital visits for patients resident in care homes.

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. For example, 88% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG and national average of 82%.
- GPs hosted two evening meetings to meet with relatives of patients in care homes to give them an opportunity to know their GPs and signpost them to support services available to them.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were strongly positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs. Patients could access appointments online and by telephone at any time using the automated telephone service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises. Patients were encouraged to self-refer to services such as counselling and physiotherapy services.
- One of the GPs organised two evening meetings at one of the care homes to provide families with the opportunity to meet the doctor and nurses with a representative from Age UK in attendance.

Summary of findings

- 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 meetings for the different staffing groups.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was engagement with the patient participation group which looked at ways to improve patient experience.
- There was evidence of continuous improvement through shared learning from the research projects and engagement with specialist healthcare professionals.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in their population. GPs were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Joint care home visits were carried out with community geriatricians to carry out joint medication reviews and use their specialist skills in providing holistic care to patients.
- There were joint home visits with the Dementia Outreach team for patients over 65 years old with dementia, resulting in coordinated reviews of patients on antipsychotics and specialist support for those on more complex medicines.
- The practice provided medical services to elderly patients resident in three care homes. Two nominated GPs carried out three sessions per week in the homes carrying out comprehensive reviews of the patients. The GPs held monthly meetings with the care home managers to address any ongoing concerns.
- One of the GPs organised two evening meetings at one of the care homes to provide families with the opportunity to meet the doctor and nurses with a representative from Age UK in attendance. This was an unpaid initiative outside of their normal working hours. There was positive feedback from staff and patients' relatives which was shared with the CCG in order for them to consider including the visits as part of the paid local enhanced service for care homes.
- In addition, GPs made contact with the families of the patients to discuss concerns and initiate advanced care planning where appropriate, aimed at improving end of life care for patients.
- GPs were proactive in managing patients in care homes by initiating a GP visit book in which any patient in need of input from other health professionals had entries made detailing the required intervention. This assisted the visiting GP in ensuring care tailored to patient needs.
- There was regular engagement with specialist care home nurses and the local community falls team to prevent avoidable hospital visits, including multi-disciplinary meetings held at care homes. Practice supplied data indicated this had resulted in reduced admissions to hospital and accident and emergency

Outstanding



Summary of findings

(A&E) attendances from patients in the care homes. For example, emergency admissions from one of the care homes fell from 11 admissions in 2014/15 to 8 admissions in 2015/16 (27% reduction).

- All patients aged over 75 years had a named GP for continuity of care.
- Practice supplied data for 2015/16 showed 70% of eligible patients aged 65 years and over were given flu vaccinations, in line with the CCG average of 71%.

People with long term conditions

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

Good



- The practice maintained long term conditions registers, including a register of patients with multiple long term conditions who were offered combined reviews in single appointments.
- GPs had lead roles in chronic disease management, with a lead nurse and administrative lead for each long term condition, an arrangement which encouraged ownership in driving improvements in each disease area. This was achieved by avoiding duplications in recalling patients, designing appointments to suit and keeping up to date with local and national clinical guidance for their allocated disease area. There was evidence of improved outcomes, for example, improved glycaemic control measures for patients with diabetes.
- Patients at high risk of hospital admission were identified as a priority and entered on a case management register with a named GP. They were reviewed at monthly multi-disciplinary meetings attended by the doctors, community matron and district nursing team. Feedback from the community matron was positive about the supportive collaborative manner in which the meetings are held.
- The practice structured annual reviews were carried out for most patients to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked collaboratively with a community specialist diabetes nurse who ran monthly clinics from the premises to enable the effective management of complex patients with a diabetes diagnosis.
- The practice worked with New Leaf to promote smoking cessation in patients with long term conditions such as asthma,

Summary of findings

stroke, and chronic obstructive pulmonary disease (COPD). The practice wrote to a proportion of the patients to find out if they were interested in stopping smoking and offered referrals where appropriate.

- There were a large number of leaflets providing education and self-care advice and patients were directed to online resources. The practice promoted self-referral to services such as physiotherapy and psychological therapies, whose clinics were offered within the premises.

Families, children and young people

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

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- The practice held monthly meetings with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings. We saw evidence of detailed discussions including engagement with other local agencies and healthcare professionals such as paediatricians in the care of their patients.
- Immunisation rates were broadly in line with CCG averages for standard childhood immunisations. For example, v
- Pregnant women were offered flu and whooping cough vaccinations. Smoking cessation advice was given to those identified as smokers.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- Coordinated appointments were offered where possible for the six week post-natal check and immunisations. Newborn checks were offered following early discharge from hospital.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting. The service was extended to patients registered at other surgeries.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.
- The practice was awarded the 'You're Welcome' status for meeting the criteria for young people friendly health services.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments, pre-bookable appointments up to four weeks in advance and urgent same day appointments.
- Appointments could be booked online and they became available at 10pm the night before. Other online services included prescription requests, viewing test results and accessing medical records. The surgery used the electronic prescribing service which allowed patients to collect their prescriptions from their chosen pharmacy.
- Early morning appointments were offered from 7.30am Monday to Friday and 8am to 12 noon on Saturdays with a GP and nurse available to allow patients who work or study to access appointments. Flu clinics were offered on weekdays and Saturdays to accommodate working patients.
- The practice was signed up to provide services such as phlebotomy, ear syringing and treatment room services to patients not registered with them.
- Practice supplied data for 2015/16 indicated 447 patients aged 40 to 74 had been invited for NHS health checks, over the threshold target of 345, and of these 48% had attended a review.
- The practice's uptake for cervical screening for eligible patients was 78%, which was in line with the CCG average of 77% and national average of 76%. The practice team attributed their success to their reception staff's active recall and follow up system.
- Breast and bowel cancer screening data was broadly in line with or higher than CCG and national averages. For example, the proportion of patients who were screened for breast cancer within six months of invitation was 78%, compared with a CCG average of 76% and a national average of 73%.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those with a learning disability.

Summary of findings

- The practice had 54 patients listed on the learning disabilities register. A total of 52 patients were offered a health check and 40 of them had been reviewed in a face to face consultation.
- The practice offered longer appointments for patients with a learning disability which consisted of combined nurse and GP appointments.
- There were 45 patients identified as asylum seekers (0.3% of the practice population). Full health checks were provided to them when they first joined the practice. These included blood tests and chest x-rays.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children, and demonstrated knowledge of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment, and an interpreter could be arranged for those who could not speak in English through Language Line translation service.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (0.7% of the practice population), and staff told us they were continually working towards identifying more carers.

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).

- The practice demonstrated a holistic approach in managing patients with poor mental health by incorporating physical health checks to improve patient outcomes. They participated in a pilot scheme called the Enhanced Physform service where longer appointments were offered to patients to include enhanced physical health checks.
- Published data for 2015/16 showed 90% of patients diagnosed with complex mental health conditions had their care reviewed in a face to face meeting in the preceding 12 months compared to a CCG average of 87% and national average of 89%. The exception reporting rate was 26%, 15% higher than the CCG average and 14% higher than the national average. The practice was actively refining their recall system to encourage patient attendance. For example, a patient on the mental health

Good



Summary of findings

register had previously missed appointments offered by writing to them. Practice staff telephoned the patient to arrange appointments and then called him again the day before to remind them, resulting in improved engagement.

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, compared to the CCG and national average of 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia and one of the nurses is a 'Dementia Friend' who provides support to patients.
- Advance care planning was carried out for patients considered at risk of mental health conditions. The practice had told patients experiencing poor mental health about how to access various support groups and local voluntary organisations. Practice supplied data indicated their referral rate to psychological therapies in 2015 was 72%, which was higher than the CCG average of 67%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 316 survey forms were distributed and 123 were returned. This represented a response rate of 39% and approximately 1% of the total practice population.

- 74% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and national average of 73%.
- 82% 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 84% and national average of 85%.
- 82% of patients described the overall experience of this surgery as good compared to the CCG average of 85% and national average of 85%.
- 81% 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 77% 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 16 completed comment cards, 13 of which were positive about the care and attention received from the whole practice team. However, three patients commented it was not easy to get an appointment and sometimes there was a long wait on the telephone. There was a common theme around patients being treated with dignity and respect and with compassion and kindness, especially by the reception team.

We also spoke to eight patients including one member of the Patient Participation Group (PPG). All patients we spoke said they were able to get appointments at short notice, often with their doctor of choice, and did not feel rushed during appointments.

The overall 2015 results of the practice Friends and Family Test (FFT) were positive with 91% of respondents saying they would recommend the practice to their friends and family.

Outstanding practice

One of the GPs organised two evening meetings at one of the care homes to provide families with the opportunity to meet the doctor and nurses with a representative from Age UK in attendance. This was an unpaid initiative outside of their normal working hours and it resulted in ongoing improved involvement of relatives in the care of

patients and aided advance care planning. There was positive feedback from staff and patients' relatives which was shared with the CCG in order for them to consider including the visits as part of the paid local enhanced service for care homes.

Hucknall Road 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 inspector and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Hucknall Road Medical Centre

Hucknall Road Medical Centre provides primary medical services to approximately 13000 patients through a general medical services (GMS) contract. This is a locally agreed contract with NHS England.

The practice was formed in 1947 and has been running for over 60 years. The practice has been based in its current purpose built premises since 2000 and this includes 14 clinical rooms. It is located approximately three miles from Nottingham city centre and close to the Nottingham University Hospitals' City Hospital campus.

The level of deprivation within the practice population is above the national average. The practice is in the third most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas. Data shows the number of people aged over 65 years registered at the practice is

slightly higher than the CCG average but lower than the national average, and the proportion of people aged below 18 years old is slightly higher than the CCG and national averages.

The medical team comprises of seven GP partners and six salaried GPs (four male and nine female doctors), four practice nurses and three health care assistants. They are supported by an administration team of 21 members, a practice manager and an assistant practice manager. It is a teaching practice for first, second and fourth year university medical students. Training support is also offered to non-medical prescribers such as pharmacist and nurse practitioners.

The practice is open from 8am to 6.30pm on Monday to Friday with extended opening hours from 7.30am to 8am Monday to Friday and 8am to 12 noon on Saturdays. Appointment times start at 7.30am and the latest appointment offered at 5.50pm daily. Patients from another practice in the area can be seen at Hucknall Road on Saturdays as part of a locally agreed arrangement.

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 September 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked to patients.
- 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

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

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place. The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at weekly meetings and regular training sessions. Minutes were recorded and shared with the practice team.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. Staff told us they felt comfortable with raising concerns at any time.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA) which was overseen by a nominated GP.
- A log was kept of medicines alerts received and acted on. We saw evidence of how practice staff had responded to alerts in checking patients' medicines and taking actions to ensure they were safe.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff and up to date. The policies clearly outlined who to contact for further

guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to the appropriate level to manage child safeguarding (Level 3).

- The safeguarding lead GP was allocated protected time to review all records relating children at risk before the monthly multi-disciplinary meetings. We saw evidence of detailed notes identifying risks and actions taken to mitigate risks. The agenda standing items included looked after children, children in need and families at risk of homelessness. Discussions at meetings demonstrated engagement and input from the women's refuge, the Police, paediatricians and social workers.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate DBS checks.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Controlled drugs were appropriately secured and managed. Blank prescription forms and pads were

Are services safe?

securely stored and there were systems in place to monitor their use. The health care assistants and nurses were trained to administer vaccines and medicines against patient specific directions from a prescriber.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off the practice site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice staff demonstrated that they assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards. This included the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines. CCG data indicated the practice was ranked as one of the four overall higher achieving practices out of 58 practices in their CCG.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94%, compared to the CCG and national average of 93%.

They had an overall exception reporting rate of 12.5%, compared to the CCG average of 9% and national average of 10%. 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. GPs told us patients were sent three invitation letters and followed up by a telephone call to encourage attendance for their reviews, and that all clinicians took an 'every contact counts' approach to review patients opportunistically.

Performance in all areas was broadly in line with local and national averages. Data from 2015/16 showed:

- Performance for diabetes related indicators was 84%, compared to the CCG average of 82% and the national average of 90%. The proportion of patients newly diagnosed with diabetes who were referred to a structured education programme was 89%, in line with the CCG average of 91% and national average of 92%.

The exception reporting rate for this indicator was 14%, lower than the CCG average of 19% and national average of 23%. Performance for mental health related indicators was 97%, compared to the CCG average of 91% and the national average of 93%. The proportion of patients on lithium therapy whose levels were in the therapeutic range was 90%, compared to the CCG average of 93% and the national average of 90%. The exception reporting rate was 9%, in line with the CCG and national averages of 10%. The practice told us they were engaged with a 'Hypertension in Dementia' study carried out Nottingham University Hospital to avoid over-treatment of patients in this group and improve outcomes for patients.

- Performance for hypertension related indicators was 100%, compared to the CCG average of 96% and national average of 98%. The exception reporting rate was 6%, compared to the CCG and national averages of 4%.

Clinical audits were undertaken within the practice.

- There had been 11 clinical audits undertaken in the last year and five of these were completed audits where the improvements made were implemented and monitored.
- The practice completed an audit to review patients who had been treated for osteoporosis using bisphosphonates (a medicine that slows down or prevents bone damage) for more than five years and who had not had a review of their medicines. The audit found 45 patients taking the medicine who had not been reviewed in five years, who were then reviewed as appropriate. A repeat of the audit a year later found only three patients who had not been reviewed, indicating a significant improvement in practice.
- Other audits undertaken in the year included gestational diabetes, urology referrals, cervical smears, psoriasis and cardiovascular risk and minor surgery.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews. For example, the practice reviewed its antibiotic prescribing against other practices within their care

Are services effective?

(for example, treatment is effective)

delivery group and participated in a trial comparing the effectiveness of a pharmacist-led IT-based intervention in reducing rates of clinically important errors in medicines management (known as PINCER).

The practice regularly assessed their performance in areas such as hospital admissions and referrals. For example:

- An audit was undertaken in June 2015 of paediatric accident and emergency (A&E) attendances for patients under 15 years old to review the reasons for visiting the hospital. The practice contacted all patients who could have been seen at the practice to discuss their circumstances and advise them on in-hours arrangements for accessing urgent care at the practice. This included accessing Saturday appointments and other options such as using local walk in centres. The audit was repeated in October 2015 and learning points were shared with the practice team.
- There was regular engagement with specialist care home nurses, community geriatricians, dementia outreach teams and the local community falls team to prevent avoidable hospital visits, including multi-disciplinary meetings held at care homes. Practice supplied data indicated this had resulted in reduced admissions to hospital and accident and emergency (A&E) attendances from patients in the care homes.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors and medical students. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

scope of their work. This included a staff 'buddy' system, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and Nurses.

- All staff had received an appraisal within the last 12 months. There was a process for ensuring all training considered to be essential by the practice was undertaken in a timely manner.

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. Staff told us their 'Pat-Nav' (Patient Navigation) intranet tool which contained contact details of various agencies was used as a framework for the CCG pathways site. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for reviewing test results which ensured that results were viewed and acted upon on the day of receipt. Patients were informed in a timely manner if the initiating GP was away from the practice.
- We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP service. The practice was rated sixth highest in the CCG for its use of the ePaCCs system.
- Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions enhanced service and a local scheme called tailored care. Under this service, all visit requests from patients on the register were triaged promptly and

Are services effective?

(for example, treatment is effective)

arrangements were put in place to ensure they were seen as appropriate. They were discussed at the monthly multidisciplinary meetings attended by a GP, community matron and care coordinator with actions recorded for each patient.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- There was a self-referral corner in the waiting room signposting patients to various support services they could access on their own.
- Smoking cessation support services were invited to flu clinics to encourage patients to quit smoking. The practice wrote to 465 patients with asthma and COPD identified as smokers to find out if they would consider stopping, advising them of the support available if they

wished to do so. There were 91 responses with 22 patients requesting cessation support information. This was an ongoing exercise and there were plans to write to another proportion of patients.

The practice's uptake for the cervical screening programme in 2015/16 was 80% compared to the CCG and national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme, and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 55% of eligible patients were screened for bowel screening in the preceding 30 months compared to the CCG average of 54% and national average of 58%. There were 80% of eligible patients screened for breast cancer in the preceding 36 months, compared to the CCG and national averages of 72%.

Childhood immunisation rates for the vaccinations given in 2015/16 were in line with CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 83%, against a local average of 83%. For five year olds the practice rates averaged 94%, against a local average of 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 16 completed comment cards, most of which were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being treated with dignity and respect and with compassion and kindness. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This aligned with feedback received from a care home where some registered patients resided.

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

- Encouraging patients with diabetes to attend courses educating them on how to manage their conditions and actively take ownership of their care.
- The reception staff greeted patients by name and were always polite and friendly.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time, which was the same as the CCG average of 86% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice was part of a community safety initiative whereby it was a named 'Safe Place' for anyone who approached them because they were lost, frightened, bullied or threatened. The practice would facilitate support by contacting friends, family and the local police if needed.

Care planning and involvement in decisions about care and treatment

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

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments, which is the same as the CCG average of 85% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and used sign language services for deaf patients.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. They had identified 88 patients as carers (0.7% of the practice list), and acknowledged this as an area they

needed to improve by using the appropriate codes on their computer system and encouraging patients to make themselves known if they were carers. They had plans to work with carer support organisations to promote identification. Patients were encouraged to identify themselves at registration and offered information in the self-referral corner of the waiting room as well as the practice website.

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

Staff told us that if families had experienced bereavement, their usual GP contacted them via telephone to offer support and sent them a sympathy card. A notification of the bereavement was sent to all staff to ensure they were aware and supportive to family members who contacted the practice.

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. For example, at the time of the inspection the practice had submitted an application to their CCG to increase the size of the building to accommodate two new consultation rooms.

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

- The practice offered a range of appointments which included telephone and face to face appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- Face to face appointment slots were 12.5 minutes instead of the usual 10 minutes offered by most practices to allow GPs to maximise their time with patients and catch up on updating patient records.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- The practice demonstrated proactive care of older people. There was regular engagement with specialist care home nurses, community geriatricians, dementia outreach teams and the local community falls team to prevent avoidable hospital visits, including multi-disciplinary meetings held at care homes.
- One of the GPs organised two evening events at one of the care homes to provide families with the opportunity to meet the doctor and nurses with a representative from Age UK in attendance. GPs involved families in decisions about the care of their relatives and initiated advanced care planning.
- Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service. Patients were able to book and cancel appointments at any time using a telephone automated service.
- Clinical leads in diabetes developed an information pack for patients newly diagnosed with type 2 diabetes which they were encouraged to read prior to their first appointment with the nurse.

- There was a dedicated self-referral corner in the waiting room. Patients were encouraged to use the resources to self-refer to services such as counselling, smoking cessation and physiotherapy services, some of which held clinics from the practice premises.
- The practice analysed their performance and continually encouraged patients not to attend A&E and access the urgent appointments offered.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered by the health visitors on site.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available when required. A hearing loop was available in the practice.

Access to the service

The practice was open from 8am to 6.30pm on Monday to Friday. Extended opening hours were offered from 7.30am to 8am Monday to Friday and 8am to 12 noon on Saturdays. The practice carried out an analysis of their extended hours appointments which showed that between October 2015 and September 2016, 90% of the appointments offered early morning were taken up. Between January and June 2016 an average of 94% of appointments offered on Saturdays were booked by patients.

Appointment clinics with all clinical staff started at 7.30am and the latest appointment was offered at 5.50pm daily. Reception staff were available from 8am every day to take telephone calls. The practice operated a GP telephone triage system spread across the morning, afternoon and evening clinics. Pre-bookable appointments could be booked up four weeks in advance for the GPs and three months in advance for the nurses. There was a GP, nurse and receptionist available at Saturday clinics. The number of available appointments was flexed to meet demand; the practice aimed to meet at least 80% of the demand each day.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 82% of patients were satisfied with the practice's opening hours, compared to the CCG average of 78% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 82% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 84% and the national average of 85%.
- 57% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 61% and the national average of 65%.

The practice had employed two new receptionists to ensure reception cover was spread more evenly throughout the week enabling better telephone access for patients. Feedback from patients indicated they were able to see a GP or nurse when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to the practice manager if required.

We looked at 17 complaints received in the last nine months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken as a result to improve the quality of care. For example, complaints were discussed at weekly meetings and subsequently reviewed annually for any trends so that any learning was shared, and changes to policies and procedures were implemented as a practice team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement centred on delivering high quality and comprehensive healthcare with compassion to the local community.
- There was a documented business strategy for the next two years based on future plans relating to recruitment, succession planning and changes to contractual services.
- The practice considered the challenges to providing good patient care and planned its services accordingly. Their estates strategy was under review and there were plans to undertake the training of doctors who wanted to become GPs to increase the capacity of doctors at the practice. They had also participated in work experience placement scheme with the local university to encourage A Level students who may be interested in studying medicine.

Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Practice specific policies were implemented and were available to all staff. We saw that there were meetings where policies and changes were discussed.
- There were a variety of meetings held including weekly business meetings, quarterly business strategy meetings, nursing team weekly meetings and clinical forums. The practice manager attended most of the meetings to ensure staff worked to the same standards.

- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. There was a health and safety lead within the practice responsible for health and safety issues.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to lead the practice and ensure high quality care. These skills were used in providing care to patients within the practice. Staff told us the GPs and the management staff were approachable. They did not feel that a hierarchical structure existed between them and the GPs.

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

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team.
- Staff told us they were given autonomy to manage their own workload and had ownership of their individual roles.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through a variety of sources, which included an annual in-house patient survey, a patient online questionnaire, the NHS Friends and Family Test and the national GP patient survey. They reviewed the results at team meetings and discussed ways to continually improve the results and commend the team for positive results.
- There was an active patient participation group (PPG) called The Patient Forum who were affiliated to the National Association for Patient Participation (NAPP). The group met approximately four times a year with a membership of 12 people, and the meetings were attended by one of the GPs and the assistant practice manager. Information on how to join the PPG was available on the practice website and in the waiting area. We spoke to a member of the PPG who told us they had open discussions with the practice team about complaints and feedback from the Friends and Family Test to improve patient experience.
- Examples of changes instigated by the PPG included changing the positioning of seating area to a more modern design, announcing positions in queue if waiting on the telephone, changing the radio station to a channel more suitable for all patients and new noticeboards for the practice. The group had facilitated a meeting with a local pharmacy to address patient concerns and attended flu clinics to promote the group to other patients.
- Feedback from medical students was positive about their learning experience and support from the practice team.
- The practice had gathered feedback from staff through staff meetings, appraisals and regular one to one

meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.

Continuous Improvement

There was a focus on continuous learning and improvement within the practice and the wider local health community.

- The practice was involved in clinical research studies to improve treatments for their patients, and encouraged patient involvement. For example, they were engaged with a 'Hypertension in Dementia' study carried out Nottingham University Hospital to avoid over-treatment of patients in this group.
- In addition, they engaged in pilot schemes offered in the area to increase access to services for their patients. Staff were forward thinking in engaging specialist healthcare professionals by inviting them as speakers to their quarterly multi-disciplinary case management meetings, sharing best practice across the healthcare teams to achieve better outcomes for patients. For example, a respiratory specialist who had completed an asthma research attended one of their meetings to share their findings.
- The practice was involved in their local GP alliance and contributed to discussions about new models of care. Some GPs had lead roles within their CCG and used learning obtained from the practice to influence change across their geographical area. For example, a GP shared good practice observed from managing patients in care homes at a care homes steering group to discuss new pathways including fluids administration in care homes.
- Staff told us their 'Pat-Nav' (Patient Navigation) intranet tool which contained contact details of various agencies was used as a framework for the CCG pathways site.

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.

This section is primarily information for the provider

Enforcement actions

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.