

# Radford Medical Practice - Kaur

## 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 Radford Medical Practice – Kaur on 9 May 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 managing significant events. Learning was shared with staff and action was taken to improve the service.
- Risks to patients were assessed and well managed. This included medicines management, recruitment checks on staff and procedures for dealing with medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a demonstrated commitment to continuous learning and improvement to patient outcomes by all staff. For example, the practice participated in research studies and was accredited as a teaching practice for medical students. Practice

# Summary of findings

staff had also developed information for carers of patients with dementia and for parents of children aged under five years with eczema as part of patient education.

The areas where the provider should make improvement are:

- Ensure review dates are documented on the significant event forms to enable staff to monitor all agreed actions are completed.

- Review arrangements to make sure care plans for patients are robust and contain up to date information including for people aged 75 and over.
- Continue to identify carers proactively and improve their care.

**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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for reporting, recording and investigating significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- Lessons were shared 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 systems and processes in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. This included checks related to health and safety, fire and the premises.
- Systems were in place to enable staff to respond to a medical emergency. This included access to emergency equipment, medicines and the business continuity plan.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed people's needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were comparable to the local and national averages.
- The practice had strengthened its recall system for patients with chronic diseases to ensure regular monitoring and improved outcomes.
- The practice carried out clinical audits which they used to improve patient care.
- 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.

Good



# Summary of findings

- Health promotion was highlighted through patient education and the practice offered a range of screening programmes and health checks.

## Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was strongly positive. Patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients confirmed involvement in decisions about their care and treatment; and we reviewed a sample of care plans which confirmed this.
- The January 2016 national GP patient survey results showed patients rated the practice higher than others for some aspects of care. For example:
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- We saw that staff treated patients in a friendly and respectful way, and maintained patient and information confidentiality.
- Information for patients about the services available was accessible in different languages and easy to understand. This included information on self-help groups and bereavement.
- The practice identified carers and provided relevant support to improve their care. This included health checks, carer's assessments and referrals to external agencies for support.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to provide relevant services and secure improvements where these were identified.
- The practice worked in liaison with other health and social care professionals to ensure patients' with long term conditions received additional care and treatment when needed. This included the diabetes specialist nurse and the falls and bones nurse.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



# Summary of findings

- The January 2016 national GP patient survey results showed 100% of respondents found the last appointment they got was convenient and this was above the local and national averages of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included access to interpreting services and facilities for people with disabilities or impairments.
- 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 business plan to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve patient outcomes, and to mitigate identified risks.
- The provider was aware of and complied with the requirements of the duty of candour and effective systems were in place to report notifiable safety incidents and to ensure appropriate action was taken.
- The practice had an engaged patient participation group which influenced practice developments.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff which it acted on. Staff told us they felt empowered to make suggestions and to drive improvement within the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Approximately 4% of the practice population were aged 75 years and over. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

- The practice was signed up to a local enhanced service referred to as “ensured tailored care for vulnerable and older people”. All patients aged 75 and over had care plans in place, with a named GP and care co-ordinator. We found these care plans could be improved to ensure they were completed comprehensively and personalised.
- The care of older people at risk of hospital admission was discussed at monthly multi-disciplinary meetings. Benchmarking data for the local area showed the practice had the second lowest number of accident and emergency attendances for patients aged 65 years and over, as at February 2016.
- A range of health checks were provided, and flu and pneumococcal vaccinations were offered to patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages.
- The falls and bones specialist nurse undertook three monthly visits to proactively identify and offer appropriate care to patients at risk of falling and sustaining fractures. There were no patients with a confirmed diagnosis of osteoporosis that met the Quality and Outcomes criteria.

Good



### People with long term conditions

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

- Nationally reported data showed patient outcomes for long term conditions such as coronary heart disease and chronic kidney disease were comparable to local and national averages.
- The practice had strengthened its monitoring system for recalling patients for annual health checks to improve outcomes for patients.

Good



# Summary of findings

- Nursing staff had lead roles in chronic disease management and the nurse practitioner was trained to start patients on insulin treatment. The community diabetes nurse attended the practice every six weeks to see patients with complex needs and those who needed additional support.
- Patients at risk of hospital admission were identified as a priority and contact was made after they had attended accident and emergency or were discharged from hospital. Their care was also reviewed at monthly multi-disciplinary meetings.
- All these patients had a named GP and a structured annual review 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.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk of abuse. For example, regular multidisciplinary meetings were held with the health visitor to discuss children on the child protection register as well as families requiring additional support.
- A weekly baby clinic was held and immunisation rates for most standard childhood immunisations were comparable to the local average.
- 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. For example, the practice was accredited as a “young people friendly” service in line with the You’re Welcome quality criteria. This criterion provides a set of standards for delivering friendly health services for 14-19 year-olds in England.
- Young people aged 13 to 24 could access a free and confidential service in respect of sexual health screening, free contraception, pregnancy testing and general advice regarding health.
- Same day appointments were offered to children under five years if acutely unwell and appointments were available outside of school hours.

Good



# Summary of findings

- A variety of useful information on managing common childhood illnesses for under 5 year olds was available on the practice website. One of the GP partners had also produced a leaflet on management of childhood eczema which had been posted out to relevant parents.
- The practice had baby changing facilities and nappies and wipes were available at the reception.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online and text messaging services for appointments.
- A full range of health promotion and screening that reflects the needs for this age group was offered. For example, cancer screening, NHS health checks and a family planning service.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 68%, which was marginally lower than the CCG average of 74% and national average of 73.5%.
- The practice offered a phlebotomy clinic and treatment room services such as wound care and dressings to its own patients.
- The nurses offered a full-day telephone triage service which was accessible to working age patients.
- Patients who moved outside the practice's catchment area could remain registered with the practice.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. An annual meeting was held with the learning disabilities health facilitator to review the care of people with learning disabilities. All 13 patients on the learning disability register had received an annual health check and care plans were in place.
- The practice offered longer appointments for patients with a learning disability and people requiring an interpreter for consultations with GPs and nurses.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. This included the care of patients receiving end of life care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and reporting to relevant agencies.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice had a carer's lead staff member and a number of referrals had been made to the local carers' support service.

## 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 had a register of 17 patients with dementia. The salaried GP had produced an information pack for these patients and their carers, and this had been sent out to them. All carers of patients with dementia were offered a carer's assessment.

The 2014/15 published data showed:

- 83.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months which was in line with the local average of 83.6% and the national average of 88.3%.
- 78.8% of patients with a mental health condition had a documented care plan in the last 12 months which was comparable to the CCG average of 85.4% and the national average of 89.5%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Follow-up arrangements were in place for patients experiencing poor mental health that had attended accident and emergency, or required specialist mental health support. For example, 40 referrals had been made to psychiatric services between April 2014 and March 2015; and 11 of these were for students.
- Longer appointments were offered including flexible appointments for patients requiring regular blood test monitoring.

Good



# Summary of findings

- The practice had produced a leaflet listing the available psychological therapy services for patients and information relating to various support groups and voluntary organisations was available to patients.

# Summary of findings

## What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Four of the 32 comment cards also contained less positive comments relating to waiting times and receptionists not always being helpful.

Patients said the practice offered good telephone access and it was relatively easy to obtain a suitable appointment. Positive examples were given of the good care offered to children and young people as well as patients with a diagnosis of diabetes and people experiencing poor mental health. Patients described the staff as friendly and caring, and felt they treated them with dignity and respect. They also said that they felt listened to and involved in decisions about their care. This was aligned with the feedback we received from seven patients we spoke with during the inspection.

The practice had undertaken its own patient survey in 2015 and a total of 63 patients had responded. The results showed:

- All patients agreed that staff were caring
- 97% agreed the practice staff respected their privacy, dignity and confidentiality at all times
- 89% felt the surgery building was welcoming, easy to find their way around, safe and hygienic and appropriate to the needs of users, including people with disabilities.

- 95% agreed that the doctors, nurses and other staff listened to them
- 94% felt their needs were responded to with the right care and treatment at the right time.

The national GP patient survey results were published in January 2016. Most of the results were higher than local and national averages. A total of 411 survey forms were distributed and 24 were returned. This represented a 6% response rate.

- 88% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and national average of 73%.
- 89% 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 83% and national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% national average of 85%.

97% 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 76% national average of 78%.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure review dates are documented on the significant event forms to enable staff to monitor all agreed actions are completed.
- Review arrangements to make sure care plans for patients are robust and contain up to date information including for people aged 75 and over.
- Continue to identify carers proactively and improve their care.

# Radford Medical Practice - Kaur

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Radford Medical Practice - Kaur

Radford Medical Practice – Kaur is registered with the Care Quality Commission (CQC) as a partnership provider. The provider has two separate locations:

- Radford Medical Practice (also known as the student health centre, Nottingham Trent University). This service was inspected on 3 November 2014 and has an overall rating of Good.
- Radford Medical Practice – Kaur is the location we inspected. This is an inner city practice located in Ilkeston Road, Nottingham.

The practice provides care to 3,309 patients (1739 males and 1570 females) through a Primary Medical Services (PMS). The practice population is diverse and multi-cultural with a high percentage of patients from the following ethnic groups; Caribbean, Chinese, Indian and Pakistani. The practice is in the second most deprived decile meaning that it has a higher proportion of people living there who are classed as more deprived than most areas.

The clinical team comprises of four GP partners and a salaried GP (three male GPs and two female GPs). All doctors worked across both locations. They are supported by a nurse practitioner, a senior practice nurse and health care assistant.

Non-clinical staff include a practice manager, a senior administrator, an IT administrator and a team of secretaries, receptionists and clerical assistants.

The practice was open between 8.30am and 6.30pm Monday to Friday; with the exception of Thursday when the practice closed at 1.30pm. Appointments are available from 9.30am to 11.50am every morning and 4.30pm to 6.10pm on all other days excluding a Thursday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

## 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

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).

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 9 May 2016. During our visit we:

- Spoke with a range of staff (GPs, health care assistant also referred to as assistant practitioner, nurse practitioner, the practice manager, reception and administrative staff)
- Spoke to the district nurse and health visitor.
- We spoke with seven patients who used the service including two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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.

- The practice had a significant event and incident management policy in place as guidance for staff. 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 reporting 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, appropriate action was taken to remedy the concerns. Patients were informed of the incident, received an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The provider has two separate locations registered with the Care Quality Commission and some staff worked across both sites. A total of 20 significant events were recorded and a traffic light system was used to risk assess and monitor the investigation stage of the event. We saw that appropriate analysis and action had been taken as a result of discussions at staff meetings and that learning points were shared with the practice team. However, review dates were not always recorded to ensure a system was in place to check whether further action was implemented or required.
- The practice also included compliments in their significant event reporting, so that the team could learn from good care provided.

There was a system in place to act upon patient safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). This included undertaking patient searches and relevant clinical audits to improve patient outcomes.

### 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. There was a lead member of staff for safeguarding. All the GPs attended safeguarding meetings every three months on a rotational basis. We spoke with the health visitor and they gave positive feedback in respect of the good working relationship with the practice staff and responsiveness to concerns raised.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults that was relevant to their role. Staff had also been trained in identifying patients experiencing or at risk of domestic violence and some patients had been referred to voluntary agencies for support. Appropriate action was also taken in response to notifications from DART (Domestic Abuse, Referral Team – a service that supports any vulnerable adult or child affected by domestic abuse) to safeguard patients from abuse.
- Patients had access to chaperones 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. They liaised with the local infection prevention teams to keep up to date with best practice. The most recent infection control audit was completed in April 2016 and identified appropriate action had been taken to address identified improvements. There was an infection control protocol in place and staff had received up to date training.
- 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).

## Are services safe?

Processes were in place for handling repeat prescriptions and the review of high risk medicines. Blank prescriptions were securely stored and there were systems in place to monitor their use.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff told us fortnightly visits were undertaken by the prescribing adviser.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The health care assistant (referred to as an assistant practitioner) was trained to administer vaccines and medicines against a patient specific direction from a prescriber. For example pneumonia and flu vaccine.
- We reviewed four 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.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire drill had been undertaken on 20 April 2016.
- All portable electrical appliances had been tested to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises. For example, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

The practice had an established staff team and patients received care from regular staff that they knew. Arrangements were in place for planning and monitoring the number of staff and the 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.

Most staff felt sufficient staffing levels had been maintained to keep patients safe although they recognised more nursing hours could improve the management of people with long term conditions. The practice had a vacancy for an assistant practice manager and receptionist. Succession plans were in place to recruit to these positions to ensure sufficient staff were in post.

### Arrangements to deal with emergencies and major incidents

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

- Staff we spoke with were aware of actions they should take in the event of a medical emergency and fire to ensure people's safety was maintained. For example, an emergency call handling protocol was in place to guide reception staff in identifying "red flag symptoms" such as severe chest pain, head injury and profuse bleeding which required urgent medical attention.
- Staff were also aware of how to use the panic buttons and instant messaging system on the computers to alert colleagues to an emergency.
- All staff had up to date basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed people's needs and delivered care in line with relevant and current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and local prescribing guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and this was a standing agenda item at the GPs weekly meetings.
- Staff used this guidance and risk profiling tools to assess and deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, clinical audits and sample 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 QOF data related to the provider's two practices - Radford Medical Practice (student health centre) and Radford Medical Practice-Kaur - even though they are registered as two separate locations with the Care Quality Commission.

The most recently published results showed the provider had achieved 92% of the total number of points available. This was similar to the clinical commissioning group (CCG) average of 92.6% and the national average of 94.7%.

The practice had an exception reporting rate of 14.5% which was slightly above the CCG average of 8.9% and the national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Practice supplied QOF data for 2015/16 showed the practice had achieved 92.6% of the total points and this data was yet to be verified and published.

The 2014/15 QOF data showed:

- Performance for diabetes related indicators was 92% which was above the CCG average of 79% and the national average of 89%. Exception reporting for diabetes related indicators was 16.7% which was above the CCG average of 9.8% and the national average of 10.8%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.8% which was similar to the CCG average of 82.6% and the national average of 83.6%.
- Performance for mental health related indicators was 88.8% which was comparable to the CCG average of 88.7% and the national average of 92.8%. Exception reporting for mental health related indicators was 17.4% which was above the CCG average of 10.5% and the national average of 11.1%.
- 78.8% of patients with a mental health condition had a documented care plan in the last 12 months which was comparable to the CCG average of 85.4% and the national average of 89.5%.
- Performance for dementia related indicators was 86.8% which was comparable to the CCG average of 89.4% and the national average of 94.5%. They achieved this without exception reporting any patients, indicating they had a fully inclusive approach and had made great efforts to make sure patients attended for a review.
- 83.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was in line with the CCG average of 83.6% and the national average of 88.3%.

The practice was aware of QOF areas for improvement and had implemented strategies to support this. For example, the practice had improved its recall system and was prioritising the monitoring of patients with diabetes and depression.

# Are services effective?

(for example, treatment is effective)

## There was evidence of quality improvement including clinical audit.

- The practice provided four clinical audits completed in 2015/16. Two of these were completed audit cycles where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit relating to eczema in children under the age of five identified the need for parent education in respect of the importance of using enough emollients to control eczema. A leaflet on management of eczema was devised by one of the GPs and sent out to parents. This also included a prescription with instructions to obtain regular repeats so as to encourage use.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the benchmarking data for the period March 2015 to February 2016 showed out of 57 GP practices within the CCG, the practice had the:
  - eleventh lowest number for all accident and emergency (A&E) attendances and
  - second lowest accident and emergency attendances for people aged 65 years and over.

## 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 including locums and medical students. This covered topics such as fire safety, health and safety, importance of good record keeping, security and information governance.
- Staff had protected learning time and access to appropriate training to meet their learning needs and to cover the scope of their work. This included e-learning training modules, in-house training, one-to-one meetings, mentoring, informal clinical supervision and support for revalidating GPs and nurses.
- Staff had received training that included: safeguarding, basic life support, equality and diversity and manual handling. Arrangements were in place to ensure staff were provided with refresher training where needed.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with diabetes and chronic obstructive pulmonary disease (COPD) had received relevant training to support them in this role. COPD is the name for a collection of lung diseases.
- 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.
- All staff including GPs undertook annual appraisals that identified learning needs from which action plans were documented.

## Coordinating patient care and information sharing

The practice's patient record and computer system gave staff access to the information they needed to plan and deliver care and treatment in a timely way. 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 special notes, care plans, do not attempt cardiopulmonary resuscitation (CPR) forms were shared with the out of hours services for patients receiving palliative care and people experiencing severe mental health.

Staff worked together with other health and social care professionals to assess and plan the ongoing care and treatment for patients with complex health needs and / or at risk of hospital admission. Care plans were reviewed at the monthly multi-disciplinary team meetings; and these meetings were attended by the GPs, care co-coordinator, community matron, district nurses and social worker. The district nurse we spoke with confirmed patients benefitted from coordinated care as a result of the joint working arrangements amongst the professionals.

The practice worked within the principles of the Gold Standards Framework for end of life care. It had a palliative care register and held monthly meetings to discuss the care

# Are services effective?

(for example, treatment is effective)

and support needs of patients and their families. The practice used an electronic programme for sharing patient information relating to their preferred end of life care with the End of Life team.

## Consent to care and treatment

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

- The clinical staff we spoke with understood the importance of obtaining informed consent and the relevant decision-making requirements of the Mental Capacity Act 2005 and deprivation of liberty safeguards (DOLs).
- 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.
- Staff were aware of the guidance and process for seeking parental consent and or consent from young people.
- Consent for minor surgery, insertion and removal of contraceptive implants and medical students shadowing consultations was also obtained from patients.
- Patients had an option to consent to the sharing of their medical records to enable a comprehensive and co-ordinated care package to be delivered jointly with the multidisciplinary team.

## Supporting patients to live healthier lives

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

- Patients receiving requiring advice on their diet, smoking and alcohol cessation. Patients were offered health promotion advice including weight management and alcohol screening; as well as referred or signposted to the relevant supporting service.
- A range of health promotion literature in different languages was available to patients.
- The practice had arranged for one patient to be supported to attend a mammography appointment at a local hospital. Mammograms are X-rays used to check for breast cancer in women.

The 2014/5 Public Health England data showed the practice's cancer screening was mostly in line with the CCG and national averages. For example:

- 75% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 71.9% and national average of 72.2%.
- 68% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 74% and national average of 73.5%.
- 57.9% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 53.6% and national average of 57.9%.

There was a policy to offer telephone reminders for patients who did not attend for their cancer screening test. The practice encouraged the uptake of the screening programme through patient education and information leaflets. A drop in clinic had been arranged for 22 June 2016 to demonstrate how to complete a bowel cancer screening test.

The NHS England data for 1 April 2014 to 31 March 2015 showed childhood immunisation rates were lower compared to the CCG average. For example, childhood immunisation rates for the vaccinations given to:

- under two year olds ranged from 78.1% to 90.6% compared to a CCG average range of 91.1% to 96.3%;
- five year olds ranged from 73.5% to 94.1% compared to a CCG average range of 86.9% to 95.4%.

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. The practice had undertaken 76 health checks between January and April 2016. 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

All of the 32 patient Care Quality Commission comment cards we received complimented the high standard of care delivered by the practice staff. Patients said the practice offered an excellent service and praised the staff for being professional, friendly and caring. Four of the 32 comment cards also contained less positive comments relating to waiting times and receptionists not always being helpful.

We spoke with seven patients including two members of the patient participation group (PPG). The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. All patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients expressed appreciation for the kindness of all staff, staff calling them by their preferred names and their willingness to listen to their health needs.

We saw members of staff were courteous and 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.
- Consultation and treatment room doors were closed during consultations and 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.

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

- 100% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 91% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.
- 98% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us GPs and nurses took time to listen to them and explained the treatment options available. This enabled them to be involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received were very positive and aligned with these views. Some GPs were also described as being thorough and detailed in respect of the information they provided to patients about their health needs.

Staff told us translation services were available for patients who did not have English as a first language. One of the patient's we spoke with confirmed they had been supported by an interpreter to express their views during a GP consultation and this had enabled them to be involved in decisions about their care. A range of leaflets on specific health conditions were available to patients and people with learning disabilities had access to easy read format information.

We reviewed a sample of the care plans available for the different population groups we inspected. We found improvements could be made to ensure the care plans were personalised and regularly reviewed, especially for the over 75s.

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:

## Are services caring?

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 100% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national averages of 90%.
- 80% 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 national average of 85%.

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

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This was aligned with the national GP patient survey results.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

The practice identified carers at the point of registration and opportunistically, and this was recorded on the

computer system to alert staff of their role. There was a lead member of staff for carers and they actively managed a register of 28 carers, this represented 0.85% of the practice population. These carers were offered a range of support to address their health and social care needs. For example, carers of patients with dementia had been provided with information packs developed by one of the GPs and were also offered a health check. One carer we spoke with confirmed they had been provided with relevant advice and information. Young carers were also identified and provided with age appropriate support.

Written information and notices were available to direct patients and carers to the various avenues of support available to them. This included information on mental health services, psychological therapies and local independent carers group. Some patients we spoke with spoke positively about the support they had received in managing their mental health needs to minimise the risk of a crisis. Staff also undertook fundraising activities for local charities.

Staff told us GPs would phone families who had experienced bereavement and this call was either followed by a patient consultation to meet the family's needs and/or advice about support services was offered. The practice also provided bereavement packs with patient information leaflets on a range of support services they could access. GPs also attended some patient's funeral when invited.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and clinical commissioning group (CCG) to ensure services took into account the needs of different patient groups and improvements were made where needed. We found services were planned and delivered to help provide specialist services, choice, flexibility and continuity of care for patients. For example:

- The practice nurse practitioner was able to initiate insulin treatment for patients with type two diabetes. Joint clinics were also undertaken with a diabetic specialist nurse every six weeks to facilitate the management of patients with complex needs. Data reviewed showed the practice had the second lowest number of avoidable emergency admissions for patients with diabetes as at February 2016 in the Nottingham CCG.
- The falls and bones specialist nurse undertook three monthly visits to identify patients at risk and to offer appropriate support.
- A monthly review of patients with a diagnosis of prostate cancer was completed by the nurse practitioner to ensure patients were followed-up appropriately.
- The practice offered in house services for minor surgery, near patient testing (medical diagnostic) for rheumatology, dermatology, gastroenterology and respiratory.
- A range of treatment room services were offered and this included wound care, an electrocardiogram (ECG) test (used to check a patient's heart's rhythm and electrical activity) and a drop in phlebotomy clinic was held weekly on a Wednesday starting at 8.15am.
- The practice was accredited as a young person friendly service and worked to offer services that were tailored to meet their needs. This included sexual health screening and access to free contraception for people aged 13 to 24 years under the c-card scheme. Records reviewed showed young people were also referred to external agencies for support and counselling and we received positive feedback from a parent.

- Translation and interpreter services were available for patients not able to communicate in English. Patient leaflets were also available in other languages and some of the staff were multi-lingual.
- Family planning services were offered including the insertion and removal of contraceptive implants.
- The practice worked closely with the midwife and health visitor to provide ante-natal care, mother and baby clinics, and immunisation services for children.
- Patients were able to receive travel health advice and vaccinations.
- There were accessible facilities for patients with disabilities, baby changing facilities and a hearing loop to assist patients who used hearing aids

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday; with the exception of Thursday when the practice closed at 1.30pm. Appointments were available from 9.30am to 11.50am every morning and 4.30pm to 6.10pm all other days excluding a Thursday.

In addition to pre-bookable appointments that could be booked up to three to four weeks in advance, urgent appointments were also available for people that needed them. This included children under five years old, older people and people living in vulnerable circumstances.

- There were longer appointments available for patients with a learning disability, those requiring the support of an interpreter and people experiencing poor mental health.
- Home visits were available for older people and patients who had clinical needs which resulted in difficulty attending the practice.

The practice had a system in place to assess whether a home visit or same day appointment was clinically necessary and the urgency of the need for medical attention. For example, the practice offered a nurse telephone triage service throughout the day and all requests for emergency appointments were dealt with on the day. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Patients we spoke with told us they were able to get appointments when they needed them and this was aligned with feedback in the comment cards we received.

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

Results from the national GP patient survey showed patients were satisfied with how they could access care and treatment; and most satisfaction rates were above local and national averages. For example,

- 100% said the last appointment they got was convenient compared to the CCG and national averages of 92%.
- 89% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 72% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 61% and national average of 65%.

## 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included posters and leaflets displayed in the waiting area and noticeboards which informed patients how to make a complaint.
- The practice encouraged feedback from patients about how its services were delivered. For example, the practice asked patients to give their feedback via the website, suggestion box or face to face.

The practice had received five complaints within the last twelve months. Records reviewed showed the practice had responded to complaints promptly and provided complainants with explanations, support and / or apologies where appropriate.

Lessons were learnt from individual complaints and action was taken to improve the quality of care. For example, as a result of a complaint received clinical staff were proactive in using evidence based guidance and tools to assess and review patients at risk of cancer.

# 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 mission statement in place and this was displayed on the noticeboard and practice website for patients to access. The mission statement read “we aim to provide the highest level of health care possible to our whole patient population, ensuring that care is specific to individual needs, that patients are all treated equally, with dignity and respect by a suitably skilled, motivated team”.
- Patient feedback and records reviewed confirmed the mission statement was implemented in practice. Staff knew and understood the values and vision.
- The practice had a supporting business plan in place and this was regularly reviewed and updated. The business plan had been created with input from staff, patient feedback and external agencies such as the local medical committee (LMC). LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. The plan had clearly defined objectives which covered staff development, promoting good clinical outcomes for patients and information technology.

### Governance arrangements

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

- There was a clear leadership structure with named members of staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities.
- The practice had a comprehensive list of policies and procedures to govern its activity, and these were readily available to all members of staff. The policies and procedures we reviewed were in date.
- A comprehensive understanding of the performance of the practice was maintained and the senior GP partner was the clinical governance lead. Performance related to the Quality and Outcomes Framework (QOF) was

reviewed at weekly clinical meetings and an annual prescribing meeting was facilitated with the clinical commissioning group (CCG) pharmacist to review the management of medicines.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GPs and practice manager demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

- Staff spoke positively about the open door policy within the practice and they gave examples of the GPs and practice manager being visible, approachable and supportive.
- The practice had systems in place to ensure that when things went wrong with care and treatment affected people received an explanation, apology and support where appropriate.
- The practice had submitted statutory notifications relating to the unexpected death of patients to the Care Quality Commission in line with Registration Regulations 2009.
- 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.
- Records reviewed showed regular meetings were held to cascade information to staff and to engage them in practice decisions. This included weekly GP partner meetings, reception and administrative staff meetings and monthly clinical meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us the GPs and managers took the time to listen to their views and a culture of openness and honesty was promoted.

# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), friends and family test, annual patient survey and feedback questionnaires for enhanced service procedures such as INR monitoring (test used to monitor the effects of warfarin), sexual health screening and learning disability reviews.
- The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. The two PPG members we spoke with told us the group met quarterly and had a positive working relationship with the staff. The practice acted on suggestions for improvements and changed the way it delivered services in response to patient feedback. For example, provision of health promotion leaflets in different languages and supplies of baby nappies and wipes were available as a result of patient feedback.
- The practice had gathered feedback from staff through practice meetings, appraisals and informal discussions. Staff told us they felt involved and engaged to improve how the practice was run. For example, the practice team met on 7 July 2015 to discuss the business plan. Staff reviewed the achievements made within the last two years, identified areas of improvement and suggested changes. This feedback was also reviewed on 9 February 2016 to evaluate and identify opportunities to improve the services delivered by the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and engaged with other stakeholders to improve outcomes for patients. For example:

- The practice had signed up to the level 2 research site initiative scheme for 2016/17 and was taking part in the local research hub through the CCG. The practice was currently involved in studies relating to helping urgent care users cope with stress and physical complaints, arthritis, diabetes, osteoarthritis and poorly absorbed carbohydrate intake in patients with irritable bowel syndrome.
- The practice encouraged patients to participate in clinical research. The national institute for health research had recognised the practice as being the top recruiting GP practice within the local area for the health anxiety study; and had shared tips with other local practices on how this had been achieved.
- The practice is a teaching practice taking final year medical students from the university of Nottingham and university college London. A medical student was due to start on 22 May 2016. Staff also facilitated visits to the practice for year one and year two medical students. The senior GP partner worked as a part-time lecturer at the local university and was a GP appraiser and this benefitted students and other GPs in respect of clinical supervision.
- The practice manager attended regular meetings with other Nottingham practice managers where concerns and learning was shared to drive service improvement.
- The practice became a member of the Nottingham General Practice Alliance on 1 April 2016. This is a group of Nottingham City practices that have joined together to support each other and work together without losing their independent status.
- One of the GP partners was a cardiology practitioner and a member of the cardiology steering group which enabled them to provide expert knowledge to colleagues in the practice. They were also the community heart failure nurse clinical supervisor.
- The nurse practitioner also participated in several steering groups related to long term condition – self-help, health and wellbeing and commissioning of the eating disorders. They had also written a book titled "Therapy skills for Healthcare" which was a valuable resource to the practice team and others.