

Bramcote Surgery

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

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 Bramcote Surgery on 8 November 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Outcomes for people who use services were consistently better than expected when compared to

other similar services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly above average compared to the national average.

- Feedback from patients about their care was consistently positive and above local and national averages. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- The practice was responsive to the needs of their local population, and not just their registered patients. This enabled services to be delivered closer to patient's homes. For example, a GP provided a vasectomy service and long acting reversible contraception (LARC) services for all patients within

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their CCG and outside of their CCG. Access to a community ultrasound clinic and consultant gynaecologist clinic hosted by the practice were available to people outside of the practice.

- Improvements were made to the quality of care as a result of complaints and concerns and learning from complaints was shared with staff and stakeholders.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw a number of areas of outstanding practice including:

- There was evidence of a highly engaged patient participation group (PPG) who actively participated in a number of initiatives to enrich the lives of patients. They engaged with the local council and voluntary support groups to support the health and wellbeing of elderly patients.
- The practice was committed to supporting patients identified as having caring responsibilities. A carers drop-in clinic was offered every three months at the practice in cooperation with local carers organisations and provided support, guidance and advice for patients who were responsible for others. This included specialist support for young people who were carers.

- The practice demonstrated high levels of access compared to other practices in the local area. 98% of patients said they found it easy to get through to the surgery by phone, which was consistent with CCG data which showed that telephone calls were answered within 25 seconds.
- Patients were involved in decisions about their care and sought to keep patients informed about self-care. The practice developed in-house checklists to assist with clinical assessments, which were completed by patients prior to appointments. The checklists had been shared with local practices including a practice outside of their CCG, and implemented as examples of good practice.
- Staff, teams and services were committed to working collaboratively. People who have complex needs were supported to receive coordinated care and there are innovative and efficient ways to deliver more joined-up care to people who use services. The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Staff were motivated to use their initiative to take on roles such as the carers champion to benefit people using the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Outcomes for people who use services were consistently better than expected when compared to other similar services. Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were above the national average. The most recently published results showed the practice had achieved 98% of the total number of points available. This was 0.3% above the clinical commissioning group (CCG) average and 2.2% above the national average. The overall exception reporting rate was 9%, compared to the CCG average of 9% and the national average of 10%.
- Benchmarking data showed they had the highest uptake in the CCG area for flu vaccinations. In addition, they achieved the lowest practice for emergency admissions and ED attendances in their CCG and fourth lowest across the three Nottinghamshire South CCGs.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. A weekly

Summary of findings

multi-disciplinary meeting was held on the same day and time for over 10 years with an open invitation to all District Nurses, Community Matrons, End of Life nurses and Specialist care nurses.

- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice, including peer reviews of the audits as part of a South Nottingham audit group of practices. The audits undertaken demonstrated improvements in quality.
- 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.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Feedback from patients about their care was consistently positive and above local and national averages. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed the practice was rated higher than others locally and nationally for their caring approach. For example, 97% of patients said the nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%. The practice demonstrated a caring approach by working with their PPG on a number of initiatives to enrich the lives of elderly patients with the involvement of their local council and voluntary support groups.
- Additionally, the PPG had established an 'expert patient' service that would enable patients diagnosed with specific conditions, including some types of cancer, to meet with and be supported by others who had previously received a similar diagnosis. The service was yet to be used by patients.
- A carer's drop-in clinic was offered in-house every three months to provide support, guidance and advice for patients who were responsible for others. This included specialist support for young people who were carers.
- Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.

Outstanding



Summary of 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. Results from the national GP patient survey showed the practice was rated higher than others locally and nationally for access to their services.
- The practice took account of the needs of their local population, and not just their registered patients. This enabled services to be delivered closer to patient's homes. This included providing a community vasectomy and LARC services and hosting ultrasound clinic and consultant gynaecologist clinic.
- The administration team monitored the rate of appointments that were wasted because patients did not attend booked sessions. Where the same patient did not attend a booked appointment three times consecutively, the practice manager contacted them to facilitate a suitable appointment, ensuring that their needs could be reviewed by a GP.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The premises were tidy and clean and well equipped to treat patients and meet their needs. The practice accommodated the needs of patients with a disability, including access to the building through automatic doors.
- 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 outstanding for being well-led.

Outstanding



- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Staff were motivated to use their initiative to take on roles such as the carers champion to benefit people using the service.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, including those not registered with the practice living in their local community. There were clear business development plans and regular monitoring of areas for improvement and development.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular partnership/business meetings to ensure oversight and governance was effective within the practice.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 collaboration with neighbouring practices and liaison with local universities.

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.

Outstanding



- They offered proactive, personalised care to meet the needs of the older people in their population. Weekly multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs. These included all patients living in care homes and those over 90 years old.
- The practice demonstrated a caring approach by supporting their PPG to obtain funding from the local council aimed at enriching the lives of frail and elderly residents in care and nursing homes in their community. The PPG worked with a transport provider to carry elderly patients resident in care homes to school musical productions, and brought school children and teachers to sing Christmas Carols to housebound people in the local care homes.
- The practice was responsive to the needs of older people, and offered GP and nurse home visits and urgent appointments for those with enhanced needs. The practice PPG had invited 274 patients aged 70-80 years old to participate in a health and wellbeing campaign conducted by Age UK. The practice achieved a response rate of 30% and some were assisted in applying for benefit payments which amounted to a total annual gain of approximately £26,000 for patients.
- Feedback from a care home whose residents were registered with the practice was positive about the care and treatment provided, including involvement of the residents' relatives where appropriate.
- The practice wrote to patients soon after their 65th birthday to invite them for pneumococcal and seasonal flu vaccinations.
- Data from 2015/16 showed 82% of eligible patients aged over 65 years were given flu vaccinations, compared to the CCG average of 74%. Benchmarking data showed they had the highest uptake in the CCG area for flu vaccinations.
- Pneumonia and shingles vaccinations were offered to eligible patients. Vaccination rates for shingles vaccinations offered to patients over 70 years old were consistently above CCG and national averages.
- The practice had developed an in-house checklist to be completed and signed by patients when they attended for shingles vaccinations which enquired about their health and explained the side effects of the vaccination. Staff told us the

Summary of findings

checklist encouraged patients to have more ownership of their health information and patients experienced shorter appointments as a result of the completing the forms before attending their appointments.

- All patients aged over 75 years old had a named GP for continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages. The proportion of patients with rheumatoid arthritis who had a face-to-face annual review in the preceding 12 months was 100%. This was achieved with an exception reporting rate of 6%, the same as the CCG average of 6% and below the national average of 8%.

People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.
- The practice nurse provided home visits every Tuesday morning to housebound patients for routine medical care including checks required for long term conditions management.
- A recall process was in place for patients who received anticoagulation treatment to ensure they attended follow-up appointments and their medicines were managed appropriately.
- Regular multidisciplinary meetings were hosted by the practice. For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, a diabetes specialist nurse held monthly clinics for patients with complex diabetes, enabling them to access care in the community rather than at hospital.
- CCG benchmarking data showed consistently low numbers of unplanned hospital admissions for people with conditions such as chronic obstructive pulmonary disease (COPD), asthma and diabetes. The practice attributed their performance to their recall system and involvement of specialist nursing services for case management.
- People with long term conditions were encouraged to attend structured education courses, for example, diabetes and

Outstanding



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pulmonary rehabilitation courses, to improve their outcomes. Patients with asthma were given a self-management plan at their annual reviews and provided with a peak flow meter to use at home to monitor their condition.

- The outcomes for patients with long term conditions were mostly above national averages. The overall performance on diabetes related indicators was 99%, compared to the CCG average of 95% and the national average of 90%. The proportion of patients with diabetes who had a flu vaccination in the preceding 12 months was 99%, compared to the CCG average of 96% and the national average of 95%. The exception reporting rate for this indicator was 9%, below the CCG average of 16% and the national average of 20%.

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 who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had a child safeguarding lead nurse and lead GP, and staff were aware of who they were. Meetings were held every six weeks with a health visitor, midwife and school nurse present to review children at risk.
- We found effective monitoring arrangements in place for children who may be at risk. If a patient did not attend a booked appointment on three consecutive occasions, the practice manager contacted them to facilitate a suitable appointment, ensuring that their needs could be reviewed by a GP.
- The practice offered a range of contraception services including implants, coil fittings and a vasectomy service to their patients and those registered with other practices. Vasectomy clinics were held at least once a week with referrals received from practices within and outside the CCG, creating easier access for local people. There were 165 procedures carried in 2016. There were high levels of positive feedback from patients who had received the service.
- Additionally, a consultant gynaecologist held a monthly clinic at the practice, reducing the need for patients to be referred to the hospital to access specialist services.
- The practice developed an in-house checklist to be completed and signed by parents prior to nasal flu vaccinations of their

Good



Summary of findings

children. The checklist enquired about medicines, allergies and explained the side effects of the vaccination. Staff told us the checklist had been shared with local practices including a practice outside of their CCG as an example of good practice.

- Immunisation rates were high for all standard childhood immunisations. For example, immunisation rates for children under two years old ranged from 97% to 100%, compared to the CCG average of 91% to 98%. Immunisation clinics were arranged around school holidays to encourage attendance at convenient times.
- Benchmarking data showed they had the highest uptake in CCG for all flu vaccinations including patients in this population group. For example, data from 2015/16 showed 63% of all pregnant women were given flu vaccinations, compared to the CCG average of 42%.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

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 services via its website and used social media, such as Twitter, to make available a full range of health promotion and screening information relevant to this group of patients.
- There were a range of services available online. These included arranging and cancelling appointments, requesting repeat prescriptions and accessing medical records.
- Phlebotomy clinics and appointments with the health care assistant were offered from 8.15 am, four times per week.
- Urgent GP appointments were offered from 8am and telephone advice was offered if appropriate. The practice used a text reminder service to patients who had pre-booked appointments sent 24 -48 hours before the appointment.
- Flu clinics were held on Saturdays to accommodate working patients, with 'sit and wait' appointments available.
- The practice encouraged all patients aged under 25 years old to have regular sexual health screening, with referrals offered for complex cases to specialist services.

Good



Summary of findings

- Travel vaccines were provided by a nurse who had additional qualifications relating to travel.
- Uptake rates for screening were similar or better than the national average. For example, the uptake rate for cervical cancer screening in 2015/16 was 82%, which was in line with the CCG average of 84% and above the national average of 81%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances. The electronic patient record system flagged patients who were known to be vulnerable or at risk to staff, including those with a learning disability and children on the safeguarding register.
- There were 15 patients identified on the learning disabilities register in 2015/16, and 12 had attended a face to face review appointment. If patients did not attend their learning disability review, the practice contacted them by telephone to ensure it they were rebooked at a suitable time. There was a process in place to refer those who declined reviews to the specialist learning disabilities nurse who could arrange to see them at home. Additionally, all staff had attended learning disabilities awareness training.
- There were longer appointments for patients with a learning disability and for others who required this. There were notices in the waiting room and on the practice website advising patients to notify a receptionist if they felt they required additional support when seeing a clinician. Patients with social phobia were offered appointments at the end of the day when there were less people present in the waiting room.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including patients on the palliative care register. There were 59 patients on the unplanned admissions register.
- Domestic violence advocacy clinics were hosted by the practice. In addition, all staff had undertaken training in domestic violence.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Outstanding



Summary of findings

- The practice had identified 76 patients as carers, including young carers, which was equivalent to 2.5% of the practice list. Of these patients, 78% had been invited to attend flu vaccination appointments.
- There was a nominated carers champion in the practice and a carer's drop-in clinic was offered from the practice premises to provide support, guidance and advice for patients who were responsible for others. This included specialist support for young people who were carers.
- Information was on display that advised patients printed material and practice documents were available in large print, easy-read format and Braille. British Sign Language interpreters were also available for patients who needed them. Staff told us an interpreter had encouraged their partner to join the practice after observing the practice was accessible to people with hearing difficulties. A hearing loop was available in the practice.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Data showed 81% of the practice's patients with schizophrenia or other psychoses were on lithium therapy, compared to the CCG average of 79%.
- Performance for mental health related indicators was 98%, compared to the CCG average of 98% and the national average of 93%. The proportion of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 88%, compared to the CCG average of 87% and national average of 90%. There were no patients excepted for this indicator, compared to the CCG average of 2% and the national average of 10%. Additionally, medical students attached to the practice had carried out an audit of reviews carried out on patients with severe mental health conditions, and identified the need to combine information from specialist services with GP notes. GPs told us this had resulted in improved coordinated care for the patients.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 74% which was 11% below the local average and 10% below the national average. This was achieved with an exception reporting rate of 10%, which was 5% above the CCG average and 4% above the national average. The practice told us they had employed a salaried GP whose role allowed extra time to be given to regular ward rounds at the nursing home

Good



Summary of findings

where dementia annual reviews were carried out. Practice supplied data following our inspection showed the practice had achieved 82.5% reviews by January 2017 with no exception reporting recorded.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients experiencing poor mental health were told how to access various support groups and voluntary organisations. Referral rates to psychotherapy services were consistently above monthly targets in from April to December 2015. Staff told us they were one of the top five practices reaching their referral target for 2016/17.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing above local and national averages. A total of 211 survey forms were distributed and 115 were returned. This represented a response rate of 55% (3.7% of the practice list size).

Results showed:

- 98% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 87% and the national average of 73%.
- 96% 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 89% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to CCG average of 90% and the national average of 85%.
- 85% 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 82% and the national average of 78%.

The Nottingham West CCG carried out a patient survey between 25 January 2016 and 5 February 2016. The results of the survey showed the practice was performing above local averages. A total of 163 survey forms were completed. Results showed:

- 97% of patients said their telephone call was answered speedily, compared to the CCG average of 83%.
- 85% of patients said they were able to book a routine appointment with the clinician of their choice within one month, compared to the CCG average of 79%.
- 94% of patients said they found the receptionists helpful, compared to the CCG average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 99 completed comment cards, 85 of which were wholly positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations. However, 14 comment cards had mixed views with some patients telling us that it was sometimes difficult to book appointments with their preferred GP.

We spoke with four patients who were members of the patient participation group (PPG) during the inspection. Patients we spoke with were satisfied with the care they received and thought staff were friendly, committed and caring.

The results of the practice Friends and Family Test (FFT) collected between July and September 2016 were very positive with 100% of respondents saying they would recommend the practice to their friends and family.

Outstanding practice

- There was evidence of a highly engaged patient participation group (PPG) who actively participated in a number of initiatives to enrich the lives of patients. They engaged with the local council and voluntary support groups to support the health and wellbeing of elderly patients.
- The practice was committed to supporting patients identified as having caring responsibilities. A carers drop-in clinic was offered every three months at the practice in cooperation with local carers

organisations and provided support, guidance and advice for patients who were responsible for others. This included specialist support for young people who were carers.

- The practice demonstrated high levels of access compared to other practices in the local area. 98% of patients said they found it easy to get through to the surgery by phone, which was consistent with CCG data which showed that telephone calls were answered within 25 seconds.

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- Patients were involved in decisions about their care and sought to keep patients informed about self-care. The practice developed in-house checklists to assist with clinical assessments, which were completed by patients prior to appointments. The checklists had been shared with local practices including a practice outside of their CCG, and implemented as examples of good practice.
- Staff, teams and services were committed to working collaboratively. People who have complex needs

were supported to receive coordinated care and there are innovative and efficient ways to deliver more joined-up care to people who use services. The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Staff were motivated to use their initiative to take on roles such as the carers champion to benefit people using the service.

Bramcote Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a second inspector.

Background to Bramcote Surgery

Bramcote Surgery provides primary medical services to approximately 3100 patients through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice was formed over 60 years ago and it is located in purpose built premises in the Bramcote area of Nottingham, about five miles from the city centre. Facilities are on two floors and these include consulting and treatment rooms.

The level of deprivation within the practice population is below the national average with the practice falling into the least deprived decile. The level of deprivation affecting children and older people is below the national average. The practice has a slightly higher than average numbers of patients over 65 years old. Numbers of young people are in line with local and national averages. The practice population is mainly of White British ethnicity.

The clinical team includes two GP partners, a salaried GP (two female, one male), a nurse practitioner, a practice nurse and two healthcare assistants. The clinical team is supported by a practice manager and seven reception and

administrative staff. The two healthcare assistants have dual roles including reception roles. It is a teaching practice offering placements for university medical students in their first, second, fourth and fifth year.

The surgery is open from 8am to 6.30pm on Monday to Friday. There are morning and afternoon consulting clinics, with appointments starting at 8.30am up to 5.30pm on Monday, Tuesday, Wednesday and Friday, and up to 6pm on Thursday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (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.

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 8 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the practice manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- Learning from significant events was shared with all staff and contributed to safer working practices. For example, reception staff confirmed patient details and called patients shortly before staff arrival for house calls. This followed an incident where two patients with very similar names were mistaken and a house call was made to an incorrect patient.
- An annual review of all significant events received was undertaken and a meeting held to share the findings. This enabled the practice to identify any themes or trends and all staff were encouraged to attend.

Overview of safety systems and processes

Effective and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a named nurse and GP lead for child and adult safeguarding and staff were aware of who these were. There was evidence of regular liaison

through meetings every six weeks with GPs, practice nurses and community based staff including health visitors and school nurses to discuss children at risk. An open invitation was extended to the midwives although they did not usually attend.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the lead nurse were trained to child safeguarding level 3.
- Patients were advised through notices in the practice that they could request a chaperone if required. All staff who acted as chaperones had been provided with training 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).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required. Reception staff followed good infection control practices when accepting patient samples, including the use of a non-touch technique, personal protective equipment and liquid hand gel use. A healthcare assistant was responsible for management of sharps bins in the practice and ensured these were used and disposed of in accordance with national guidance.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was a nominated nurse who managed a register for patients on high risk medicines, who arranged appropriate follow-up and liaised with the GPs. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.

Are services safe?

There was evidence obtained through patient searches of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. A log was kept of medicines alerts they had received and acted on.

- 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). There were no controlled drugs kept on the premises. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had adopted Patient Specific Directions for administering child flu vaccinations, which were administered by appropriately trained clinical staff. The health care assistants and nurses were trained to administer vaccines and medicines against patient specific prescriptions or directions from a prescriber.
- We reviewed six personnel files for clinical and non-clinical staff 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 managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. 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 Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We saw that appropriate action was taken in response to any identified risks to ensure these were mitigated. A

simulated emergency drill had recently been completed to assess how staff responded to emergency panic alarm activation. Staff told us this had worked well and that regular fire drills meant they always felt prepared to deal with an emergency.

- Arrangements were in place to plan and monitor staffing levels and the 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. There were effective arrangements in place to ensure there was adequate GP and nursing cover. The practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. Emergency medicines held in the practice and those kept in doctor's bags, which were checked on the day of the inspection, were in date.
- 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

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed at weekly clinical meetings and quarterly practice team meetings.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The CCG clinical quality data showed the practice was the second highest performing practice for two consecutive quarters in 2016/17, achieving a 'green' rating for all indicators. These included performance on immunisations, screening, NHS health checks and prescribing.

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 recently published results showed the practice had achieved 98% of the total number of points available. This was 0.3% above the clinical commissioning group (CCG) average and 2.2% above the national average. The overall exception reporting rate was 9%, compared to the CCG average of 9% and the 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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 99%, compared to the CCG average of 95% and the national average of 90%. The proportion of patients with diabetes who had a flu vaccination in the preceding 12 months was 99%, compared to the CCG average of 96% and the national average of 95%. The exception reporting rate for this indicator was 9%, below the CCG average of 16% and the national average of 20%.
- Performance for indicators related to hypertension was 100%, compared to the CCG average of 98% and the national average of 97%. The exception reporting rate for hypertension related indicators was 3%, compared to the CCG average of 3% and national averages of 4%.
- Performance for mental health related indicators was 98%, compared to the CCG average of 98% and the national average of 93%. The proportion of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 88%, compared to the CCG average of 87% and national average of 90%. There were no patients excepted for this indicator, compared to the CCG average of 2% and the national average of 10%.

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- The practice was part of a South Nottingham audit group with an undertaking to complete four audits every year and peer reviews across all the practices in the group. Recent audits included use of antibiotics, oral steroids, bone protection and COPD management.
- There had been 10 audits undertaken in the last 12 months as part of a programme of audits routinely undertaken in the practice, and two of these were completed audits with two cycles. These covered areas relevant to the practice's needs and areas for development. For example, an audit was carried out to

Are services effective?

(for example, treatment is effective)

review how well the practice was adhering to guidelines in their monitoring of newly diagnosed patients with diabetes. This was achieved by reviewing the patient's cholesterol levels and associated medicines. The results showed over 90% of all patients with diabetes were being managed in line with guidance. A repeat of the audit within a 12 month period showed although the number of patients had increased, the practice had maintained the same level of monitoring of patients.

The practice liaised with CCG medicines management colleagues regularly to review their prescribing. For example:

- The practice reviewed its antibiotic prescribing against other practices within their care 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). Results from the findings were favourable with the practice achieving second lowest number of patients in need of medicines reviews within their CCG. This demonstrated the risk of medicine interactions was low, compared to neighbouring practices.
- Clinicians engaged with the CCG pharmacist on work carried out regarding the prescribing of adrenaline pens to children. An audit was undertaken to ensure that children were being prescribed the correct strength based on their weight. It was identified that some children were not on the correct strength and the GPs worked with the pharmacist to rectify this. They were also involved in discussions regarding improving systems for the future and how to prevent this happening again.

The practice regularly assessed their performance in areas such as hospital admissions and referrals. They achieved the lowest practice for emergency admissions and A&E attendances in their CCG and fourth lowest across the three Nottinghamshire South CCGs. For example:

- Rates for elective and emergency admissions were significantly below local averages. The practice had approximately 100 emergency department attendances per thousand patients in 2015/16, compared to a CCG average of 132 per thousand patients.

- The practice discussed dermatology referrals with their 'buddy' practice that had a GP with specialist training to use a dermatoscope for second opinions on patients. Staff said this had resulted in lower and more appropriate referrals for dermatology.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager. Locum GPs were provided with a list of all staff names and their responsibilities to ensure they were aware of all staff roles.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles. For example, Healthcare assistants (HCAs) were supervised by nurses to undertake progressive training to increase their responsibilities, such as completing glucose tolerance tests, B12 injections, elderly weighing, child flu vaccinations, suturing and dressing management. There was evidence training competencies met the needs of the local population. For example, a HCA recognised the signs of atrial fibrillation in a patient and was able to obtain urgent GP support to ensure they were admitted to hospital.
- 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 nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support,

Are services effective?

(for example, treatment is effective)

meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Nurse clinical supervision meetings were held every three months.

- Staff received regular training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice held a weekly multi-disciplinary team meeting where they carried out a 'virtual ward round' to discuss recent unplanned admissions, inappropriate users of A&E, new safeguarding concerns, patients on end of life pathway, current inpatients at hospital and patients requiring an increased level of care. The meeting was held on the same day and time for over 10 years with an open invitation to all District Nurses, Community Matrons, End of Life nurses and Specialist care nurses. The meetings were attended by all GPs and Practice Nurses to ensure every clinician was aware and a coordinated approach was offered. A member of the administration team recorded the minutes and alerted the reception team to ensure they responded appropriately to requests from family members of vulnerable patients.

During our inspection, a member of the inspection team attended the multi-disciplinary team meeting and observed the discussions. There was evidence of active involvement of the practice nurses in managing complex patients at home. Consideration was given to carers or family members of patients admitted to hospital, and staff demonstrated good knowledge of the varying patients' social situations.

Additionally, a monthly meeting was held with the care coordinator to discuss patients on the admissions avoidance scheme. Data from the care coordination service showed the practice had the second lowest referrals to the service. The practice attributed this to the effectiveness of the weekly multi-disciplinary meeting which ensured patients' needs were responded to quickly because of the good attendance by members of the healthcare team.

There were quarterly palliative care meetings held to discuss patients coming to the end of their life, with an emphasis on identifying patients without a cancer diagnosis to demonstrate that the practice identified all

patients appropriate for palliative care. CCG benchmarking data showed a high proportion of patients registered with the practice died in their preferred place, with 89% of expected deaths having occurred at home with appropriate anticipatory medications and a DNAR in place.

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice had systems linking them to the hospitals and their out of hours service so that they were able view test results completed in hospital instead of waiting to receive discharge letters.

GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.

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 their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

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

- Data from 2015/16 showed 82% of eligible patients aged over 65 years were given flu vaccinations, compared to the CCG average of 74%. Benchmarking data showed they had the highest uptake in the CCG area for flu vaccinations. Vaccination rates for shingles vaccinations offered to patients over 70 years old were consistently above CCG and national averages.

Are services effective?

(for example, treatment is effective)

- The PPG engaged with other local services and organisations to build relationships that benefited patients. For example, staff from a local organisation that provided patient transport and domestic help visited them to discuss their services. The PPG linked patients with an Age UK project which enabled patients to obtain grab rails, smoke alarms, carer's packs and signposting information.
- The practice had developed in-house checklists to be completed and signed by patients when they attended for shingles vaccinations and children's nasal flu vaccinations. The checklists enquired about their health and explained the side effects of the vaccination. Staff told us the checklist encouraged patients to have more ownership of their health information and patients experienced shorter appointments as a result of the completing the forms before attending their appointments. The nasal flu checklist had been shared with local practices including a practice outside of their CCG as an example of good practice.
- A wide range of printed information was available to signpost patients to community or specialist services. This included guidance for carers and information relevant to the needs of the local population including on dementia, Alzheimer's disease and breast cancer. Specialist information was provided for young people who were carers and for psychological and emotional support groups.

The practice's uptake rate for cervical cancer screening in 2015/16 was 82%, which was in line with the CCG average of 84% and above the national average of 81%. Reminders were offered for patients who did not attend for their cervical screening test. 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 and screening rates were comparable to local and national averages. For example, the practice uptake rate for breast cancer screening within six months of invitation was 84% compared with the CCG average of 78% and the national average of 73%.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, immunisation rates for children under two years old ranged from 97% to 100%, compared to the CCG average of 91% to 98%.

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 and over 75 years old. Practice supplied data showed they were exceeding targets for completed health checks in the first half of 2016/17. 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 during the inspection that members of staff were polite, friendly and helpful towards patients.

The practice's PPG received funding from the local council after submitting a proposal on enriching the lives of frail and elderly residents in care and nursing homes in their community. They used the funding to transport elderly people to attend school musical productions, and transported school children and teachers to sing Christmas Carols to housebound people in the local care homes.

The practice PPG had invited 274 patients aged 70-80 years old to participate in a health and wellbeing campaign conducted by Age UK. The practice achieved a response rate of 30%, and some people were assisted in applying for benefit payments which amounted to a total annual gain of approximately £26,000 for patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk. In addition, a private discussion area was available and background music was played to reduce the risk of confidential information being overheard.
- Staff demonstrated awareness of individual needs when patients may be vulnerable or at risk. For example, a member of reception staff escorted a patient to their car on a windy day because they knew they were unsteady on their feet.
- Staff secured a walking frame from community contacts for a patient who was at risk of falls whilst they waited for this to be provided formally.

We received 99 completed comments cards as part of our inspection. Most of the comment cards were positive about

the service provided by the practice. Patients said that staff were caring, compassionate and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with four patients who told us they were generally happy with the care provided by the practice and said their dignity and privacy was respected. The PPG encouraged patients to participate in the annual survey by speaking with patients on a one-to-one basis and helping them to express their thoughts on the survey form.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

The practice was above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 90% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and the 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 average of 92% and the national average of 91%.

Patients we spoke to told us they found nurses to be approachable and friendly and said they appreciated their warm approach. They also told us nurses had a kind and compassionate approach when interacting with children.



Are services caring?

Satisfaction scores for interactions with reception staff were above local and national averages:

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

The CCG annual patient survey in 2016 showed that 96% of patients felt the receptionists answered all of their questions. There was positive feedback about the helpful nature of the receptionists in the CCG Mystery Shopper exercise carried out in September 2016. During our observations in the waiting room we saw reception staff greeted patients warmly and with consideration to each person's preference, such as if they liked to be addressed by their first name.

Care planning and involvement in decisions about care and treatment

Information was on display that advised patients printed material and practice documents were available in large print, easy-read format and Braille. Information on obtaining a British Sign Language interpreter was also available.

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

Results from the national GP patient survey showed the majority of 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 compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population mostly spoke English, the practice used translation services to ensure effective communication with other patients when required.

Patient and carer support to cope emotionally with care and treatment

The PPG had recently established an 'expert patient' service that would enable patients diagnosed with specific conditions, including some types of cancer, to meet with others who had previously received a diagnosis. This service intended to provide non-clinical and emotional support to patients as well as the practical advice of people who had experienced treatment. The practice manager and clinical team had supported the implementation of this service although it was yet to be used by patients, therefore too early to assess impact.

A healthcare assistant, with the support of the senior team, took the initiative to develop the 'carers champion' role after she identified a gap in need for carers who would attend appointments with the person they looked after. Staff had obtained specialist input from a carer's organisation during the planning of the role to ensure they could support people with complex needs. The carers champion provided newly identified carers with information packs and informed them of services available at the practice such as flu vaccinations and carers drop-in clinics.

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 76 patients as carers which was equivalent to 2.5% of the practice list. Of these patients, 78% had been invited to attend flu vaccination appointments. The practice had three young carers registered and ensured they had access to one-to-one support whenever they wanted it. A carer's drop-in clinic was offered every three months at the practice in cooperation with a carers federation and provided support, guidance and advice for patients who were responsible for others. This included specialist support for young people who were carers. Twelve patients had attended the clinics since August 2016 with positive feedback received about the service. Patients were invited to the clinics via text message and on social network such as Twitter.



Are services caring?

There was a dedicated carers notice board with patient information leaflets and notices in the patient waiting area which told patients how to access a number of support groups and organisations. This included guidance for carers and information relevant to the needs of the local population including on dementia, Alzheimer's disease and breast cancer. Specialist information was provided for young people who were carers and for psychological and emotional support groups. Information about support groups was also available on the practice website.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate, and also sent a sympathy card. Information about support available to patients who had experienced bereavement was provided where required. All staff members were informed of deaths to ensure sensitivity and support was given to relatives.

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 the practice recognised the limitations of their current premises with no scope for extension, and planned to merge with another local practice to enable them to provide care and treatment from purpose built premises

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

- The practice had provided a vasectomy service for many years for their registered patients and those registered elsewhere, including outside of their CCG, thereby improving patient choice and access to local treatment. The GP had performed up to 165 vasectomies in 2016 and received high levels of positive patient feedback. For example, 90% of patients said the GP's manner and communication during the procedure was excellent.
- The skill mix of staff meant the practice could be responsive to patient needs. For example, one member of staff was trained as both a receptionist and a healthcare assistant. This enabled them to complete an ad-hoc urine dip test for a patient who presented unexpectedly and in some distress despite being assigned to a reception shift. This was completed in adherence to infection control and clinical guidance and meant the patient received immediate help.
- The administration team monitored the rate of appointments that were wasted because patients did not attend booked sessions. Where the same patient did not attend a booked appointment three times consecutively, the practice manager contacted them to facilitate a suitable appointment, ensuring that their needs could be reviewed by a GP.
- A carer's drop-in clinic was offered every three months in cooperation with a local carers federation to provide support, guidance and advice for patients who were responsible for others. This included specialist support for young people who were carers.
- The practice responded to feedback from patient surveys by working with their PPG to review the results

and complete agreed actions. Feedback from the Friends and Family Test was displayed in the practice waiting room alongside actions taken in response to the feedback.

- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. There were longer appointments available for patients with a learning disability and those who needed them.
- Home visits were available for elderly patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments could be booked online and prescriptions reordered. Patients were encouraged to use the online appointments system for their convenience.
- The healthcare assistant provided early morning appointments for patients who required relevant tests.
- The practice produced regular newsletters to ensure health promotion, changes to the team and to clinics was effectively communicated to patients in addition to the website.
- An ultrasound clinic was hosted monthly from the practice premises for non-obstetric scans.
- The site was easily accessible for patients with reduced mobility. Automatic doors had been installed in response to patient feedback in order to make the entrance more accessible to all patients.
- There were themed display boards in the waiting room providing information to patients in easy to read formats.

Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday. Consulting times started from 8.30am with the latest appointment offered at 5.30pm on Monday, Tuesday, Wednesday and Friday; and up to 6pm on Thursday. Appointments were pre-bookable up to six weeks for GPs. Urgent appointments were released at 8am every day. Telephone appointments were offered by the GPs and

Are services responsive to people's needs?

(for example, to feedback?)

nurse practitioner. Appointments with the healthcare assistant started at 8.15am from Monday to Thursday. The practice did not provide the extended opening hours service. However, working age people were offered urgent GP appointments from 8am and phlebotomy clinics from 8.15am (four days a week).

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

- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 87% and the national average of 73%.
- 96% 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 89% and the national average of 85%.
- 88% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 69% and the national average of 65%.

The practice participated in the CCG's Engaged Practice Scheme, which included a quarterly review of their access through a Mystery Shopper exercise. Results from the exercise carried out in September 2016 found that all telephone calls were answered in less than 25 seconds, and patients were able to access routine appointments with any GP available within three and five working days. The surgery was one of two practices to achieve access within three days in the preceding two quarters.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were usually able to get appointments when they required them and that urgent appointments were available if needed. Patients were encouraged to book or cancel their appointments online. However, 14 out of 99 comment cards had mixed views with nine patients telling us that it was sometimes difficult to book appointments with their preferred GP. The GPs were aware that some patients preferred to see one GP

more than others and acknowledged their differing styles in the way they treated patients. In addition, they reflected on the feedback during their annual appraisals to ensure learning points were reinforced and embedded in practice.

Listening and learning from concerns and complaints

The practice systems in place to handle 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 including posters. The complaints policy was on display in the main reception area and was also detailed in the patient information leaflet, which was also available in the waiting area.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged six complaints in the last 12 months including verbal complaints. We reviewed a range of complaints, and found they were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint.

Meetings were held regularly during which complaints were reviewed and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care. All staff were informed of outcomes. In addition, GPs reviewed complaints made about them during their annual appraisals in order to reflect on learning points.

Are services well-led?

Outstanding



(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 provide patients with personalised, effective and high quality general practices services. Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care. The mission statement was displayed in the waiting room.

GP partners told us they shared the same approach to practice performance and development, which enabled quick decisions to be made and communicated to the practice manager for action. The practice manager was given autonomy to carry out their role in line with the practice strategy.

The practice acknowledged the challenges they faced with an ageing population with multiple health needs, coupled with limited finances. There was a documented strategy to meet the challenges, which included development of staff roles to attain a varied skill mix. The practice was planning a merger in the next year with another GP surgery locally. Plans for the merger were at an advanced stage and had been approved by the CCG and NHS England. The practice had changed its clinical system earlier in the year to match its merging partner, enabling them to start working collaboratively by sharing back office functions. There was evidence of a high level of engagement with patients via the PPG. Patients and staff have been involved in the consultations about the merger. Anticipated benefits included an increase in the range of services offered from purpose built premises and more choice of clinicians for patients.

Governance arrangements

The practice had a 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. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and IT.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.

- A clinical supervision protocol had been implemented for the nursing team to promote continued development and maintenance of good clinical practice.
- A comprehensive understanding of the performance of the practice was maintained. Complaints and significant events were reviewed annually with the whole practice team.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- Clinical review and team meetings were held within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership and culture

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care. Staff were motivated to use their initiative to take on roles such as the carers champion to benefit people using the service.

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care.

There were high levels of staff satisfaction. Staff told us the partners and management were approachable and always took the time to listen to all members of staff. There was a low staff turnover, with most people leaving due to retirement.

- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.

Are services well-led?

Outstanding



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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. We saw examples of staff who had been supported to develop and progress to other roles.
- All of the staff we spoke with told us of the positive working atmosphere and supportive ethos of the practice. One member of staff said they felt the team fostered a family feel, which meant they looked forward to coming to work every day.
- As part of the planning for the merger with another practice, the team had proactively engaged with colleagues to establish good working relationships and identify common working practices. For example, two healthcare assistants provided clinical sessions at the other GP practice and other staff had arranged social events to foster a positive culture for when the teams joined together.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through a suggestion box, surveys and compliments, concerns and complaints received.
- The practice had a well-established PPG with 10 permanent members who met monthly with the practice manager in attendance, and a GP joined them

when needed. We spoke with four members of the PPG who told us they were very happy with standards of care and treatment. They told us they had a positive working relationship with the practice manager and felt listened to during regular meetings. The PPG produced a newsletter whenever changes to the practice were made. This included details of the group's work and how to become involved as well as how to access advocacy services. The PPG chairperson was planning to meet their counterpart at the GP practice with which a future merger was planned. This was to identify mutual areas of good practice as well as to anticipate any challenges. Members had also tried to encourage younger patients to join the group by asking them to indicate if they would be interested in taking part.

- The PPG worked with the practice and the CCG to carry out an annual patient satisfaction survey. They reviewed results from all surveys undertaken, including the national GP survey, and brought suggestions to the practice. For example the PPG had suggested automation of the front doors to make them more accessible and the practice completed this action over the next few months.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, and general discussions. Staff we spoke to were positive about the impending practice merger. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Practice staff took part in an annual charity fundraising events to raise awareness of key issues and support community involvement. For example, staff told us they held a coffee morning in support of breast cancer awareness which was attended by their PPG, residents in the area and community healthcare nurses. The event was covered by a local newspaper and there were plans to make it an annual event at the practice.

Continuous Improvement

- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. For example, the practice participated in a pilot scheme where medical students

Are services well-led?

Outstanding



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

were matched to patients to enable them to follow the patient's journey in treatment, as part of the student's learning. The outcomes observed were continuity of care for patients involved.

- There was evidence of collaborative working with other practices within the wider healthcare community. For example, the surgery participated in the Productive General Practice scheme which involved working with other practices to review data on managing practice demand.
- GPs had various roles in the wider health community providing them with platforms for learning and influencing their local health community. The partners maintained close liaison with the local university as trainers for medical students and sat on local clinical audit groups.