

# SSAFA Southglade Health Centre

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at SSAFA Southglade Health Centre on 24 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 reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, education courses were offered to patients with long term conditions such as diabetes and working with the local diabetes specialist nurse to improve the wellbeing of patients.
- Feedback from patients about their care was consistently positive. Data from the GP survey was

consistently high and this included confidence in care provided by GPs, where 94% of patients surveyed said they had confidence and trust in the last GP they saw or spoke to.

- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. There were regular patient surveys undertaken, and patients were currently invited to form a patient participation group as another means of engaging patients.
- The practice actively reviewed complaints to see if there were any recurrent themes, and identified issues where learning could be applied to improve patient experiences in the future.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

# Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the management.

However, the areas where the provider should make improvements are:

- Ensure safe patient care by identifying risk and doing all that is possible to mitigate this by developing a system for the management of MHRA alerts in the practice so there is clear log of receipt and actions taken.
- Encourage the identification and recording of patients who are carers and offer them appropriate health and wellbeing support.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 87% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 81% and national average of 82%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were strongly positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises such as the counselling service. Patients were encouraged to self-refer to the service as well as to podiatry and physiotherapy services. Other clinics held in the practice included diabetic retinopathy screening.
- 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.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings. Staff felt confident in communications with the provider organisation through the group practice manager.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. Regular in-house surveys were undertaken and recruitment for members of a patient participation group was in progress.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice had a significantly lower elderly population with approximately 5% aged over 65 years, compared to a national average of 17%. They offered proactive, personalised care to meet the needs of the older people in their population.
- GPs were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Feedback from a care home where all residents are registered with the practice indicated that a named GP carried out review visits and responded to urgent requests when needed to ensure continuity of care. They told us the GPs worked effectively with multi-disciplinary teams including district nurses, dieticians and local mental health teams to ensure patient needs were met and referrals to other services were made promptly.
- There was evidence of close partnership working with the pharmacy in arranging flu vaccinations for residents in a care home. Communication relating to prescriptions for residents was seamless between the care home, practice and pharmacy with a clear audit process in place. Practice supplied data which showed 539 patients were eligible for flu vaccinations in 2015-2016 and 402 were given vaccinations. This represents approximately 75% of eligible patients.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. They worked collaboratively with a community specialist diabetes nurse on their more complex patients with a diabetes diagnosis to improve outcomes for the patients.
- The practice achieved 95% on QOF in 2014/15. This was in line with the CCG average of 92% and the national average of 95%. The practice told us they their QOF performance had improved to 97% for 2015/16 but this data was not yet verified and published, The practice staff attributed their success to their recall system for people with long term conditions. A structured annual review was carried out to check their health and

# Summary of findings

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.

- There were a large number of leaflets providing education and self-care advice and patients were directed to online resources. The practice actively encouraged patient education sessions for patients with conditions such as diabetes, such as a type 2 diabetes insulin course. There were self-management plans for patients with asthma. A specialist diabetes nurse visited the practice quarterly to review complex patients and provide support to the clinicians.
- The practice promoted self-referral to services such as podiatry, physiotherapy and psychological therapies, whose clinics were offered in the practice premises.
- QOF achievement on indicators for diabetes was consistently above CCG averages. For example, the percentage of patients with diabetes, on the register who had their blood pressure taken within the preceding 12 months was 82%, compared to a CCG average of 74% and national average of 78%.
- QOF achievement on indicators for atrial fibrillation and chronic obstructive pulmonary disease were broadly in line with national averages. The practice achieved 100% on atrial fibrillation, compared to a national average of 99%.
- Longer appointments and home visits were available and offered when needed.

## Families, children and young people

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

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- The practice held meetings every six weeks with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings.
- Immunisation rates were above the CCG averages for standard childhood immunisations. Vaccination rates for five year olds ranged from 94% to 98%, compared to the CCG average of 87%

**Good**





# Summary of findings

to 95%. The practice attributed their success to good customer care provided to patients; they built rapport so that patients were happy to comply with appointments and notify the practice in advance if they were unable to attend.

- Appointments were available outside of school hours with urgent appointments available on the day for children and babies.
- Joint appointments with the GP and practice nurse were offered for the eight week post-natal check. This allowed mothers and babies to have their post-natal check, baby check and first immunisation done in one visit.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

## 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. This included access to telephone appointments, and the availability of early morning appointments from 8am on weekday mornings.
- Appointments with the health care assistant were available from 8am.
- The practice was proactive in offering online services such as online prescription requests, appointments, and accessing medical records to view test results.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this age group. Self-referral was encouraged for accessing psychological services, podiatry and physiotherapy.
- The practice's uptake for cervical screening for eligible patients was 93%, which was significantly higher than the CCG average of 82% and the national average of 82%. They attributed their success to their reception staff's active recall and follow up system.

Good



# Summary of findings

- Breast and bowel cancer screening data was broadly in line with CCG and national averages. For example, the proportion of patients who were screened for bowel cancer within six months of invitation was 50%, compared with a CCG average of 50% and a national average of 55%.

## 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice coordinated with the respiratory team and district nursing team for a housebound patient recently registered with the practice. This ensured the patient had the appropriate support and continuity of care following their change of registered practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through Language Line translation service.
- The practice's computer system alerted GPs if a patient was also a carer. However, the practice had only identified 3 patients as carers (0.13% of the practice list).

Good



## 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).

- Practice supplied data which showed that in 2015 - 2016, 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months.

Good



# Summary of findings

- 83% of patients diagnosed with mental health conditions had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example Wellness in Mind, Talking Therapies and Alzheimer's Society.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There were counselling clinics by Let's Talk Wellbeing on Wednesdays and Thursdays held at the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 378 survey forms were distributed and 90 were returned. This represented a response rate of 24% and approximately 4% of the total practice population.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 79% 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%.
- 86% of patients described the overall experience of this surgery as good compared to the CCG average of 84% and national average of 85%.
- 79% 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% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. However, four patients commented it was not always possible to see the same GP, and sometimes it was difficult to get an appointment. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness, especially by the reception team.

Feedback from new patients who had joined the practice in the last year was very positive about the care received and clean premises. There was overwhelming praise for the reception team's customer care skills, who were described as polite and friendly when speaking to patients.

The results of the practice Friends and Family Test (FFT) in May 2016 were very positive with 88% of respondents saying they would recommend the practice to their friends and family.

# SSAFA Southglade Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to SSAFA Southglade Health Centre

SSAFA Southglade Health Centre provides primary medical services to approximately 2,200 patients through an alternative provider medical services (APMS) contract. The practice is located in the Bestwood area of Nottingham, approximately four miles from the city centre. It is run by SSAFA Care Community Interest Company which is part of the SSAFA charity, providers of health and social care to the armed forces and their families.

The premises were newly built in 2012 when the practice was formed, and they are shared with other local community health services including a pharmacy. They are located within Southglade Park alongside council owned services such as the leisure centre, community access centre and Sure Start Children's Centre.

The level of deprivation within the practice population is above the national average. The practice is in the first most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most

areas. Data shows number of younger people aged below 40 years registered at the practice is significantly higher than the national average, and the proportion of 40 to 85+ year olds is significantly lower than national averages.

The practice team comprises of three GPs; (two females and one male) employed as long term locum doctors, a practice nurse, a health care assistant, a group practice manager, a practice administrator, the administrative/reception team, a premises officer and a cleaner.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times start at 8am and the latest appointment offered at 6pm daily. The practice does not provide the extended hours service.

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

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place. The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at regular meetings for the various staff groups, and they were listed as a standing item on meeting agendas. Staff told us they felt comfortable with raising concerns at any time. Meetings were rotated so that staff who work part time had the opportunity to attend. Minutes were recorded and shared with the practice team.
- 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 to improve processes to prevent the same thing happening again. For example, when a patient was given an incorrect vaccination, the practice acted immediately by contacting the vaccine manufacturer to establish if there was any harm to the patient. The patient was immediately informed, an apology given and was given an opportunity to discuss the event. The event was discussed with colleagues and systems were reviewed to ensure that patient records are always checked first before administering any vaccine.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to the appropriate level to manage child safeguarding (Level 3).

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence obtained through patient searches of how they had

## Are services safe?

responded to alerts in checking patients' medicines and taking actions to ensure they were safe. However, the practice did not routinely keep a log of medicines alerts they had received and acted on.

### Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

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

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

GPs and nurses had specific areas of expertise, such as minor surgery, sexual health and cervical cytology, which were utilised to ensure new evidence based techniques and treatments were used to support the delivery of high quality care and acted as a resource to their colleagues. Staff told us they worked collaboratively and were supported by the community care coordinator, district nursing team and community matrons and met regularly to coordinate care.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 95%, compared to a CCG average of 92% and a national average of 95%. They had an exception reporting rate of 17% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This was higher than the CCG average of 9% and a national average of 9%. However, a review of the exception reporting data in relation to specific patients showed this was appropriate and that the patient had been appropriately managed.

Performance in all areas was in line with local and national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 96%, which was above the CCG average of 79% and the national average of 89%. The exception reporting rate for diabetes indicators was 21%, higher than the CCG average of 10% and the national average of 11%. The practice were able to demonstrate how the low patient numbers affected their performance rates, and patients had been appropriately excluded.
- Performance for mental health related indicators was 99.6%, above the CCG average of 89% and the national average of 93%. The exception reporting rate was 7%, lower than the CCG average of 11% and national average of 11%.
- Performance for hypertension related indicators was 100%, better than the CCG average of 97% and national average of 95%. The exception reporting rate was 15%, higher than the CCG average of 4% and national average of 4%. The practice were able to demonstrate how the low patient numbers affected their performance rates, and patients had been appropriately excluded.

Clinical audits were undertaken within the practice.

- There had been two clinical audits undertaken in the last two years. One of these was a completed audit where the improvements made were implemented and monitored. The practice completed an audit to review if patient consent had been recorded for all their minor surgery procedures. The audit showed there was variation in the documentation of consent and a template was recommended for use which explained risks and options to patients. The audit was repeated a year later whose results showed there was a significant improvement in recording consent and patients were better informed about their care.
- Another audit had been carried out on the prescribing of specific medicines used to control blood pressure. A GP had attended a training session on the adverse effects of prescribing high doses of the medicines, and immediately carried out an audit to check if patients using the medicines were on the recommended doses. The first audit indicated all patients were on appropriate medicines, and there were plans to repeat the audit.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as admissions and referrals. For example, between April 2014 and March 2015:

- An average of approximately 290 patients per 1000 attended the A&E department, compared to a CCG average of 250 patients per 1000.
- An average of approximately 220 patients per 1000 outpatient referrals were made by the practice, compared to a CCG average of just under 300 patients per 1000.

The practice analysed their performance and found that their low patient numbers affected the figures. Feedback from the care coordinator was consistent with the practice findings, and confirmed hospital stays over the previous nine months had been appropriate. Unplanned and avoidable admissions were discussed at three monthly multi-disciplinary meetings. The discussions included patients accessing A&E for reasons which should be cared for by the practice.

Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and arrangements in place to ensure they were seen as appropriate. They were discussed at the multidisciplinary meetings attended by a GP, community nurse, community matron and care coordinator with actions recorded for each patient.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and Nurses. All staff had received an appraisal within the last 12 months.
- We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP service.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made use of the close location proximity with the community teams by making referrals promptly and discussing them in person.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.

# Are services effective?

## (for example, treatment is effective)

- 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of meetings with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

### Supporting patients to live healthier lives

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

- The practice proactively identified patients with dementia to ensure that support was put in place for the patients and their carers in a timely manner.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance.

The practice's uptake for the cervical screening programme was 93%, which was above the CCG average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 55% of eligible patients were screened for bowel screening in the preceeding 30 months, in line with the CCG average of 54% and national average of 58%. There were 65% of eligible patients screened for breast cancer in the preceeding 36 months, compared to the CCG average of 70% and national average of 72%. 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.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.3% to 100% (CCG range from 91% to 96%) and five year olds from 94% to 98% (CCG range from 87% to 95%).

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 38 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- Encouraging patients with diabetes to attend courses educating them on how to manage their conditions and actively take ownership of their care.
- The reception staff greeted patients by name and were always polite and friendly.
- Examples of staff going the extra mile to help patients in distress, organising their transport home and ensuring they had some support at home.

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

- 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.

- 87% of patients said the GP gave them enough time, which was the same as the CCG national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG and national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 89% 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 they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

The practice cared for patients from different backgrounds and differing lifestyles, some of whom had significant challenges with compliance with recommended care and treatment. However, the practice actively engaged all patients.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments, which is the same as the CCG and national average of 86%.

## Are services caring?

- 87% 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 the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%

Staff told us that translation services were available for patients who did not have English as a first language and used sign language services for deaf patients. We saw a few leaflets in different languages in the reception area.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3 patients as carers (0.13% of the practice list). The practice attributed their low numbers to their population which had significantly lower elderly people compared to the CCG and national averages. They had plans to appoint a nominated carers' champion to encourage identification of carers and offer support. There were leaflets available on The Mentoring Project which provides support to carers.

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

Staff told us that if families had experienced bereavement, their usual GP contacted them via telephone or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. This was in line with feedback received from members of staff on the bereavement support they received from the practice team.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

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

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- There were counselling clinics held on Wednesdays and Thursdays held at the practice. Patients were encouraged to self-refer to this service, as well as podiatry and physiotherapy.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered on Thursday afternoons by the health visitors on site.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available when required. Staff told us they had signposted a patient to a free English language course in the past, and now the patient no longer required language translation services during their appointments.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times start at 8am and the latest appointment offered at 6pm daily. Pre-bookable appointments could be booked up two months in advance for the GPs and three months in advance for the nurses.

Urgent appointments were available for people who needed them. Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service.

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

- 80% of patients were satisfied with the practice's opening hours, compared to the CCG average of 77% and the national average of 75%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 79% 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 83% and the national average of 85%.

Feedback from patients indicated they were able to get appointments when they needed them. The practice had identified that compliance with appointments was difficult for vulnerable people, so they encouraged these patients to present to reception whenever they felt the need for medical care and an appointment was offered to them on the day.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken as a result to improve

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

the quality of care. For example, complaints were discussed at practice team meetings so that any learning is shared and changes to policies and procedures are implemented as a practice team.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement centred on providing high quality services and professional care. There was a patient charter given to all new patients, explaining patients' rights to medical services.
- Staff told us they did not feel that a hierarchical structure existed between them and the GPs. They felt that the caring ethos and values of the SSAFA charity organisation were recognisable in the practice management and staff.
- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team.

### Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. The parent organisation appointed a Quality Governance Lead who supported the practice on governance issues. The governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Practice specific policies were implemented and were available to all staff. We saw that there were practice meetings where policies and changes were discussed.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.

- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to lead the practice and ensure high quality care. These skills were used in providing care to patients within the practice. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

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

- Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice engaged with the CCG and hosted meetings for their care delivery group.
- There was evidence of engagement with the local community. For example, the practice attended the annual Go Live event held in Southglade Park where the GPs gave out information on the practice and offered free blood pressure checks.



# Are services well-led?

Good 

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

- Information on courses offered in the wider community was available in the practice waiting room. For example, free first aid workshops, breastfeeding groups and free language courses.

## 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 national patient survey and carried out their own patient surveys on a regular basis. They reviewed the results at team meetings and discussed ways to continually improve the results and commend the team for positive results.
- The practice did not have a patient participation group (PPG). However, they were actively recruiting members

and forms were available in the reception area as well as on the NHS Choices website informing patients how to join the PPG. Patient experience and feedback were obtained through the practice's own patient surveys and the Friends and Family Test.

- The practice used the NHS Choices website to provide information on all services offered by the practice in lieu of a separate practice website. This allowed patients to post feedback on the practice which the practice responded to. Patients could post their feedback anonymously or identify themselves if they wished to.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.