Drs Charles Mok Read Easson Mannion Shapiro & Prabhu

Quality Report

The Manor Surgery
Middle Street
Beeston
Nottingham
NG9 1GA
Tel: 0115 9076960
Website: http://themanorsurgery.com/

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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?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Outstanding overall.
(Previous inspection 26/01/2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? - Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) – Outstanding

We carried out an announced inspection at The Manor Surgery on 27 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice used information about care and treatment to make improvements.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff had the skills, knowledge and experience to carry out their roles. Lead roles were shared amongst all GPs in the practice.
- The practice understood the needs of its population and tailored services in response to those needs. Patients were able to access care and treatment from the practice within an acceptable timescale for their needs through a variety of methods.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. This included the sharing of policies, significant events

Summary of findings

and clinical audits with other practices within the CCG using the shared eHealthscope system and practice group meetings. As a result, some practices implemented the audits and adopted the same approach to improving the quality of care across the whole CCG.

We saw some areas of outstanding practice:

- The practice was proactive in identifying and supporting with long term conditions. This included carrying out opportunistic pulse rhythm checks on people aged 65 years old and over to identify who have atrial fibrillation, increased screening for diabetes and improving bowel cancer screening. We found evidence of improved outcomes for some patients who received treatment.
- Leaders used their skills and capabilities to promote continuous improvement and innovations. For example, they created alerts and templates on their IT clinical system to support GPs; promoting referrals to national diabetes prevention programmes and to psychotherapy services. All of these have been shared across the CCGs in Nottinghamshire.

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

Summary of findings

The six population groups and what we found

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

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

Drs Charles Mok Read Easson Mannion Shapiro & Prabhu

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Drs Charles Mok Read Easson Mannion Shapiro & Prabhu

Drs Charles Mok Read Easson Mannion Shapiro & Prabhu, also known as The Manor Surgery, provides primary medical services to approximately 11,400 patients in the Beeston and Chilwell areas of Nottingham. The registered address with Care Quality Commission (CQC) is Middle Street, Beeston, Nottingham NG9 1GA.

The practice provides primary care medical services via a Primary Medical Services (PMS) contract commissioned by NHS England and Nottingham West Clinical Commissioning Group (CCG).

Dr David Charles is the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The clinical team comprises of seven GP partners (five male and two female), four practice nurses and a healthcare assistant. They are supported by a practice business manager and a team of administrative staff. It is a teaching practice for university medical students and a training practice for qualified doctors who were registrars training to become GPs. Work experience placements are also offered to sixth form students.

Public Health England data shows the area served by the practice is in the third least deprived decile, meaning their deprivation levels are below the practice average across England. Income deprivation affecting children is less than the national average.

The practice is open from 8am to 6.30pm weekdays with the exception of a Thursday when the surgery closes from 1pm and reopens at 3pm. Patients are able to access the practice at this time by telephone, and an on-call doctor was available. Extended opening hours are offered on Monday evenings from 6.30pm to 8pm, and on Tuesday and Friday mornings from 7am to 8am. GP consultation times start at 8.30am until 5.50pm. The practice has opted out of providing out-of-hours services to their own patients. When the practice 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 (NEMS) provider.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice used a range of information to identify risks and improve patient safety. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Safeguarding leads attended multiagency training and locality updates training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. The safeguarding lead was a member of a local children's trust and attended network meetings for young people as a GP representative on behalf of the CCG. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We looked at three recruitment files and found that all the appropriate checks had been carried out.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Both safeguarding and chaperone training were included in mandatory training undertaken at regular intervals.
- There was an effective system to manage infection prevention and control. A practice nurse was the nominated lead who took responsibility for ensuring actions from audits were completed. Staff told us infection control was regularly discussed at team meetings. For example, a handwashing audit had been carried out during a team meeting.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. A rota system was used for all staff and cover arrangements were made if any staff were absent. The practice rarely engaged locum GPs and used internal staff to cover annual leave absences.
- There was an effective induction system for temporary staff tailored to their role, including locum doctors.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice had amended the design of a template used for assessing patients at risk of sepsis which included the assessment of children, to suit their clinical system. They told us the template had been useful in identifying a child whose symptoms indicated high risk, which resulted in urgent admission at hospital for treatment of sepsis. The template had been subsequently shared with other practices that had the same type of clinical IT system as an example of an effective assessment tool.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Good

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- There were systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment to minimise risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. For example, clinicians at the practice were the second lowest prescribers in the CCG on all antibiotics, approximately 40% less than the CCG average.
- There was a nominated GP lead for prescribing. Since our last inspection, the practice had adopted the electronic prescribing service which enabled prescriptions to be transmitted to a patient's pharmacy of choice for dispensing, avoiding multiple trips for patients to the surgery to collect their prescriptions.
- The practice worked closely with a pharmacist employed by their CCG to support clinical safety. The pharmacist ran regular audits on prescribing and communicated any changes in guidance with the clinicians.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was a system in place for monitoring patients on high risk medicines. A receptionist was trained to carry out recalls and invite patients on high risk medicines for the appropriate checks.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Significant events were a standing item at monthly partner's meetings and they were discussed as they occurred at daily meetings involving some staff members. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were nine significant events recorded between January and November 2017, including positive events, which were shared with the practice team.
- Any relevant significant events were reported to the National Reporting and Learning System (NRLS). Additionally, the practice had participated at an event held by all practices within their CCG to discuss recorded significant events and share lessons learned across the group.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, an audit was carried out in response to a significant event about a missed chlamydia results to ensure no other results had been missed and the appropriate checks were put in place to prevent it occurring again.

Good

Are services safe?

- There was a system for receiving and acting on safety alerts. There was evidence of searches carried out regularly in the clinical system triggered by the alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as outstanding for providing effective services overall and for older people, long term conditions and working age population groups.

We rated the practice as outstanding for providing effective services because:

- The practice recognised they had low prevalence of atrial fibrillation, which could be a result of not identifying patients with the condition. In response to this, they carried out opportunistic pulse rhythm checks on people aged 65 years old and over. At the time of our inspection, they had checked 71% of eligible patients (1452) and 20 people had been found to have the condition. Ten patients were found to be at higher risk of stroke and given anticoagulation medicine.
- Following the launch of a local diabetes prevention programme, the practice was given an award for being the highest referrer to the programmed in the region, with over 250 people referred to the service. Staff told us they observed positive outcomes for some patients, which included weight loss and leg ulcers which healed completely.
- Additionally, clinicians at the practice worked closely with a diabetes specialist nurse in the management of complex patients to achieve better outcomes for them. Practice supplied data indicated results from the 2015/16 national diabetes audit showed 81% of people with type 2 diabetes received all eight care processes recommended by NICE guidelines, compared to the CCG average of 67% and national average of 54%. (The eight care processes include checks such as body mass index, blood pressure, cholesterol and foot examinations.)
- An audit was performed to encourage uptake with invitations sent to eligible patients as part of a bowel cancer screening pilot scheme. Between April and October 2017, the practice invited 150 patients; 33 patients completed the test resulting in one patient being subsequently treated. This was a 25% improvement in uptake and learning observed was shared across the practices within their CCG.
- Some of the GPs had additional training in dermatoscopy and gynaecology, providing in house referrals for patients in need of these services. This enabled patients to access some treatments locally, who would otherwise have been referred to secondary care.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. We saw no evidence of discrimination when making care and treatment decisions.
- The practice made use of one of the GP's expertise and specialist training in dermatoscopy for in-house dermatology referrals, reducing the need to refer to secondary care for less complex cases. His work was audited and monitored by the practice to ensure they were referring appropriately and achieving the desired positive outcomes.
- All referrals were discussed daily to ensure they were managed appropriately and clinicians were consistent in their decision making.
- The practice continually reviewed all cancer diagnoses to assess if they were identifying people with cancer early to ensure treatment and better outcomes for them. Practice supplied data showed in 2016/17, 9 out of 64 cancer diagnoses (14%) had been identified on acute admission to hospital, lower than the national average of 19%.
- Practice rates of prescribing of hypnotics were comparable to other practices, and the practice was a low prescriber of antibiotics. A community pharmacist supported clinicians on a weekly basis to ensure medicines were managed in line with recommended guidance.
- Additionally, a GP designed some warnings on the IT clinical system to prompt clinicians to carry out specific checks to safeguard patients, for example, when prescribing high risk medicines.
- GPs checked hospital letters daily in the surgery and out of hours, taking actions as appropriate before the letters

were scanned into patient records. If patients did not attend hospital appointments, they were telephoned to check the reason why in case the invitation letters had not been received.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, they carried out a number of annual clinical audits triggered by MHRA alerts and NICE guidelines to ensure they were managing patients effectively. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 8.5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice attributed their continued upwards trend in performance to changes to the recall process which spread the workload over the whole year, enabling them to maximise their achievement.

Older people:

- The practice recognised they had low incidence of atrial fibrillation, which could be a result of not identifying patients with the condition. In response to this, they carried out opportunistic pulse rhythm checks on people aged 65 years old and over. At the time of our inspection, they had checked 71% of eligible patients (1452) and 20 people had been found to have the condition. Ten patients were found to be at high risk of stroke and given anticoagulation medicine.
- The achievement for indicators related to osteoporosis was 100% which was 11% above the CCG average and 10% above the national average.
- The achievement for indicators related to rheumatoid arthritis was 100% which was similar to the CCG average and 4% above the national average.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- 65% of people aged 65 years and over had been given flu vaccinations in the last year.
- The practice supported 110 patients who were resident in six care homes aligned to them through a local enhanced service, with a named GP for each home. Feedback was positive about the GPs' responsiveness to requests for visits, and overall care and treatment given to residents.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

People with long-term conditions:

- Following the launch of a local diabetes prevention programme, the practice was given an award for being the highest referrer to the programmed in the region, with over 250 people referred to the service. Staff told us they observed positive outcomes for some patients, which included weight loss and leg ulcers which healed completely.
- Additionally, clinicians at the practice worked closely with a diabetes specialist nurse in the management of complex patients to achieve better outcomes for them. Practice supplied data indicated results from the 2015/16 national diabetes audit showed 81% of people with type 2 diabetes received all eight care processes recommended by NICE guidelines, compared to the CCG average of 67% and national average of 54%. (The eight care processes include checks such as body mass index, blood pressure, cholesterol and foot examinations.)
- Performance on diabetes related indicators was 100% which was 2% above the local average and 9% above the national average.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- 92% of patients with COPD had a review undertaken including a review of breathlessness in the previous 12 months, in line with the CCG and national average of 90%.
- Achievement for hypertension related indicators was 100% which was similar to the local average and 3% above the national average.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were significantly above the target percentage of 90%. For example, in 2015/16, the proportion of children aged one who received the full course of recommended vaccinations was 97%.
- One of the GPs who had specialist training in gynaecology and family planning set up a community clinic which a secondary care gynaecologist. The practice made referrals to the service where appropriate, reducing the need for people to be seen at hospital and receive specialist care closer to home as appropriate.
- The practice had amended the design of a template used for assessing patients at risk of sepsis which included the assessment of children, to suit their clinical system. They told us the template had been useful in identifying a child whose symptoms indicated high risk, which resulted in urgent admission at hospital for treatment of sepsis. The template had been subsequently shared with other practices that had the same type of clinical IT system as an example of an effective assessment tool.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. A midwife worked with the practice to provide ante-natal and post-natal care to patients. The practice told us they were ranked third highest out of 141 practices for flu vaccinations given to pregnant women.
- Same day appointments were offered to people in this population group. This was supported by patients whom we spoke to on the day.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening in 2016/17 was 83%, which was in line with the 80% coverage target for the national screening programme.
- The breast cancer screening rate for females aged 50 to 70 years who were screened in the previous 36 months was 83% which was above the CCG average of 78% and above the national average of 73%.
- Bowel screening rates were in line with local averages. An audit was performed to encourage uptake with invitations sent to eligible patients as part of a pilot scheme. Between April and October 2017, the practice invited 150 patients; 33 patients completed the test resulting in one patient being subsequently treated. This was a 25% improvement in uptake and learning observed was shared across the practices within their CCG.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.
- There was appropriate follow-up on the outcome of health assessments and checks, including electrocardiograms (ECGs), where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- There were monthly multi-disciplinary meetings held within the practice where vulnerable patients were discussed. These included community matrons, district nurses and care coordinators. As a result, the practice had the second lowest emergency admission rates within their CCG.
- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability. They supported a care home for people with learning disabilities and local intermediate care beds.
- There were 60 people on the learning disabilities register who were offered annual health checks. Staff told us people with learning disabilities were offered longer appointments.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the CCG average of 92% and the national average of 90%.
- Self referrals to local counselling and psychotherapy services were encouraged for patients with less urgent needs. An urgent mental health service was available for patients in crisis.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- Staff were trained to carry out multiple roles. This ensured there was adequate cover for sickness or annual leave absence.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- There was a dedicated member of staff who was trained to coordinate NHS health checks. The practice achieved a completion rate of 59%, below the CCG average of 66%. There was a plan in place to improve their performance.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Health promotion boards were used to educate patients in self-management and promote services such as flu clinics.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Outstanding ☆

Are services caring?

Our findings

We rated the practice, and all of the population groups, as outstanding for caring.

The practice was rated as outstanding for providing a caring service because:

- Staff demonstrated a caring approach and were proactive in supporting people identified as carers. Results from the national patient survey showed patient satisfaction scores were highly positive regarding interactions with GPs and nurses, and the practice received recognition locally and regionally for their performance.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. All reception staff had attended customer care courses and training on becoming dementia friendly.
- There were several examples of staff going out of their way to help patients. For example, patients at the end of their life and their families were supported to fulfil their wishes speedily by ensuring their regular clinician was available out of working hours when needed.
- All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced, and described being treated respectfully by the practice team. This was in line with feedback received from the patients we spoke to on the day of inspection.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 221 surveys were sent out and 99 were returned. This represented about 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 94% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 94% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

The practice received local and regional recognition for its achievement in the national patient survey. They were ranked first out of 12 practices within the CCG on the majority of the satisfaction scores above, and ninth out of 141 practices in Nottinghamshire on a number of the above results.

Feedback from patients we spoke to and from the CQC comment cards we received was highly positive about the care and attention given by the GPs. This was consistent with feedback recorded on the NHS Choices website.

Involvement in decisions about care and treatment

Outstanding ☆

Are services caring?

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers opportunistically and at registration with the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 332 patients as carers (3% of the practice list), including three young carers. 44% had received flu vaccinations and all of them were offered annual health checks. This list was reviewed regularly and updated if the patients were no longer carers.

- The practice took a proactive approach in identifying carers by asking people to inform the practice if they were carers at the end of most letters to adults sent by the practice.
- A carers information pack was available in the waiting area, including details of local support for young carers.
- There was a nominated carers champion who worked with organisations such as Age UK and The Carers' Federation to organise drop in clinics for support available to carers. The organisations were given information boards to advertise their services.
- Information on local carers groups held monthly at other centres was available in the waiting area.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or offered a home visit. Referrals to bereavement support services were offered where appropriate. A leaflet regarding support after death was available, which was designed by the practice. Feedback from a family who received bereavement support from the practice was positive about the caring approach of all staff.

Results from the national GP patient survey showed patient responses were highly positive when asked questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above local and national averages:

- 97% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 90%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as outstanding for providing responsive services across all population groups.

The practice was rated as outstanding for providing a responsive service because:

- Services were tailored to meet the needs and preferences of all population groups. Feedback from patients demonstrated high levels of satisfaction with access to services, despite continued significant increase in the practice population.

Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and delivered in a way to ensure flexibility, choice and continuity of care. They considered local and national priorities in the delivery of services. For example, the practice participated in the CCG's 'Engaged Practice Scheme', which included providing additional enhanced services and a quarterly review of their access through a mystery shopper exercise.

There were plans underway within the CCG to offer extended opening hours in the local area in the evenings and at weekends seven days a week in 2018 to accommodate working people.

It took account of patient needs and preferences. Since our last inspection, the practice population had grown by approximately 900 patients. This was expected to increase in the near future due to housing developments in the area including more care homes. They told us discussions were at an advanced stage with NHS England on moving to bigger purpose built premises to enable them to provide services which met the needs of their patients, including podiatry services often requested by older people and additional car parking space.

Despite the increase in the practice population, the practice maintained high levels of patient satisfaction with regards to timely access to the service. This was reflected in the national GP patient survey results.

- Since our last inspection, the practice had installed an electronic self check in screen in the waiting area. This was in response to feedback from some patients who said they had to queue at reception to check in.
- The practice used various methods to communicate with patients, including emails, text messages, letters and telephone calls. They attributed their overall improvement in flu vaccination rates to their text message campaign which resulted in increased attendance for vaccinations.
- A non-obstetric ultrasound clinic was provided fortnightly at the practice, enabling patients to be seen closer to home and reduce the need for referrals to secondary care. Patients referred to the service could be seen at other practices within the CCG, reducing waiting times for the service.
- In addition to pre-bookable appointments, patients could access urgent appointments on the same day.
- Patients were able to access online services, including booking appointments. The practice told us 8% of their appointments were booked online.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the premises had wheelchair access and home visits, including flu vaccinations, were provided for housebound patients.

Older people:

- The practice recognised they had low prevalence of atrial fibrillation, which could be a result of not identifying patients with the condition. In response to this, they carried out opportunistic pulse rhythm checks on people aged 65 years old and over. At the time of our inspection, they had checked 71% of eligible patients (1452) and 20 people had been found to have the condition. Ten patients were found to be at higher risk of stroke and given anticoagulation medicine.
- The practice was aware of an increasing elderly population in their community. All patients had a named GP who supported them in.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice worked with a care coordinator to ensure those with complex needs had reviews when discharged from hospital.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Referrals were made where appropriate to support housebound patients and those resident in care homes. Feedback was positive about the practice's responsiveness to requests for visits.

People with long-term conditions:

- The nursing team held clinics for chronic disease management. Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Opportunistic tests were carried out on people at high risk of developing diabetes. Since June 2017 to the time of our inspection, the practice had screened 190 people, resulting in 20 of them being diagnosed with diabetes and a further 61 were referred to the local diabetes prevention programme. One patient we spoke to told us they were diagnosed with pre-diabetes, a condition missed by their previous practice.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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. Records we looked at confirmed this.
- The practice held regular meetings with health visitors and midwives to ensure coordinated care.
- All parents or guardians calling with concerns about a child under the age of two years old were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were offered on Monday evenings from 6.30pm to 8pm, and on Tuesday and Friday mornings from 7am to 8am for the convenience of working age people.
- Pre-bookable appointments were available to patients online.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- NHS checks were offered for 40-74 year olds.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including refugees and those with a learning disability.
- There were 60 patients on the learning disabilities register who were offered longer appointments during quieter times at the surgery.
- Translation services were used as appropriate to aid communication with refugee families who were registered with the practice. Patients from this group had flags entered on their computer records to remind staff that they required longer appointments to accommodate translation services. Staff told us patients often had incomplete medical information, for example, childhood vaccination records, and they worked closely with them to ensure they were up to date with all recommended vaccinations.
- The practice designed an easy read complaints leaflet for patients with learning disabilities to enable them to provide feedback on services if they wished.
- Staff were aware of vulnerable patients and prioritised their access when necessary.
- Self-referral was encouraged for services such as counselling and drug and alcohol services for those who needed them.
- Plans to hold a monthly carers support clinic from the practice premises had been agreed, and a young carers clinic was planned to follow shortly afterwards.

People experiencing poor mental health (including people with dementia):

- The practice was awarded the 'dementia friendly' status by Alzheimer's UK, and this included training all staff on how to support people with dementia.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. For example, they gave patients and their carers information on local dementia café groups.
- The practice referred eligible patients to local psychotherapy services and memory groups. They told us they were high referrers to psychological therapies and achieved higher than their expected target on referrals to the service.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The nurse and health care assistant provided phlebotomy services and ECGs.
- Calls from emergency services and hospitals were passed on to the on-call doctor using an electronic urgent task system for timely response. If the doctor was seeing patients, calls could be transferred to them immediately depending on the level of urgency.
- Waiting times, delays and cancellations were minimal and managed appropriately. Additional staff answered the telephones during busy times. There was regular analysis of demand with appointments rotas flexed to suit demand. For example, the number of appointment slots on days immediately following public holidays and long weekends to enable patients with urgent needs to be seen quickly.
- Patients with the most urgent needs had their care and treatment prioritised. An on-call GP provided telephone appointments daily and same day appointments in the afternoon. The practice ensured there was a GP available every afternoon until closure.
- Patients were offered a variety of choices. In addition to pre-bookable appointments, patients could access urgent appointments on the same day. GP appointments could be booked up to four weeks in advance.
- The practice participated in the CCG's 'Engaged Practice Scheme', which included a quarterly review of their access through a mystery shopper exercise. Under this exercise, practices were required to offer 60% of calls a routine appointment with any GP within five working days. Results from April 2017 showed the practice was able to offer pre-bookable GP appointments within three days for eight out of the ten telephone calls.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 76%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG – 88%; national average - 71%.
- 100% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.
- 96% of patients who responded said their last appointment was convenient; CCG - 89%; national average - 81%.
- 94% of patients who responded described their experience of making an appointment as good; CCG - 84%; national average - 73%.
- 66% of patients who responded said they don't normally have to wait too long to be seen; CCG - 60%; national average - 58%.

The practice participated in an annual patient survey carried out by their CCG. Results from the 2017 survey showed of the 449 patients who responded, 98% said they were satisfied with being able to book appointments with clinicians of their choice. 100% found the receptionists helpful, a 30% increase since 2016. 75% of patients said there was an acceptable wait between their appointment and being seen. All of these responses were above the CCG average.

One patient we spoke with told us they recommended the practice to friends because they were able to access appointments whenever they needed to see a clinician.

Listening and learning from concerns and complaints

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Complaints were a standing item at the monthly partners' meetings and they were also discussed at regular staff meetings.
- The practice had received three written complaints in the last year. We reviewed the complaints file and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. For example, when they received a complaint about a prescription transmitted electronically to a pharmacy which did not contain one of medicines requested, the practice worked with the pharmacy to resolve the problem. They found that it was a national fault with their clinical system and established a temporary solution whilst waiting for a national update to the system without inconvenience to the patients. Verbal complaints were recorded and discussed at team meetings. It acted as a result to improve the quality of care.

Are services well-led?

Outstanding ☆

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

Our findings

We rated the practice as outstanding for providing a well-led service.

The practice was rated as outstanding for providing a well-led service because:

- Since our last inspection, the practice continued to proactively use data to review and improve services for patients. This was supported by evidence of improvements in the care of older people, people with long term conditions and working age people.
- Leaders at all levels were visible within the practice as well as the CCG where they held various positions, enabling them to influence improvements across the group of practices. There was evidence of joint working with other practices through 'buddy' practice meetings, shared policies and procedures as well as sharing learning from significant events and audits using a shared platform called eHealthscope (a shared intranet used by practices across Nottinghamshire) where each practice could upload and view these.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. GPs and managers had various specialist skills and held senior roles within their CCG and the greater local area which enabled them to keep abreast with local and national strategies to inform future planning.
- The practice business manager took lead roles within the CCG on aligning processes such as accounting and training across all practices. This improved time management for other managers and prepared practices for future joint working.
- Roles and day to day activities were streamlined by developing clear line management structures to enable the practice to run more efficiently. For example, a reception manager was appointed who was responsible for the front line activities.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, they told us discussions were at an advanced stage with NHS England on moving to bigger purpose built premises to enable them to provide services which meet the needs of a growing patient population.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Since our last inspection, they had employed two new nurses who were mentored by two senior nurses who had recently retired, but still worked at the practice. There was evidence of forward planning and resilience within the team. Staff, including apprentices, were trained in preparation for any pending retirements or resignations.

Vision and strategy

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

- There was a clear vision and set of values. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. For example, they worked closely with their CCG and other practices on providing evening and weekend GP services in the near future to meet the needs of the practice population.
- The practice monitored progress against delivery of its strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

Outstanding ☆

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. For example, when a patient's clinical result was misfiled, a GP contacted the patient, apologised for the error and explained steps taken to safeguard the patient and prevent future occurrence of the error.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. There were positive relationships between staff and teams. Staff told us the management were approachable and they felt they were part of the practice family.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Partnership meetings were held monthly in the evening to ensure maximum attendance. Standing items at the meetings included significant events, complaints and staffing.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Each partner led on a specific key area.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. There were several clinical audits undertaken in the last two years, and seven of these had been repeated, showing quality improvement in patient care.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

Outstanding ☆

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a poster in the reception area informing patients how the practice had responded to their suggestions.
- There was an active patient participation group (PPG) with who met regularly, and their meetings were attended by a member of the practice team. All GP partners were on a rolling rota to attend PPG meetings. The PPG reviewed patient feedback from surveys, a comments box and the NHS friends and family test, and agreed actions to improve patient experience.
- Information about how to join the PPG was available on a notice board and on the practice website.
- Changes implemented by the practice suggested by the PPG included additional staff to answer telephone calls at 8am and a self check in screen in the waiting area. The group contributed to the practice newsletter to communicate changes to the rest of the patients.
- They worked closely with other practices in their area to establish joint policies and procedures across the CCG as well as sharing learning from significant events and audits by having a shared platform called eHealthscope (a shared intranet used by practices across Nottinghamshire) where each practice could upload and view these.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Since our last inspection, the practice fostered buddy arrangements with a neighbouring practice of a similar size. They met every six months within the different staff groups to share systems of working and seek out areas they could learn from each other. For example, the practice adopted a digital dictation system which enabled the GPs to view real time feedback on the progress of their work and make clearer dictations.
- The practice participated in a number of pilot schemes offered locally. For example, in 2017 they completed a scheme on improving cancer screening uptake with positive results and shared the learning observed across the practices within their CCG.
- Other innovations that have been led by the practice include the use of warnings and templates on their IT clinical system to support GPs; promoting referrals to national diabetes prevention programme and to psychotherapy services. All of these have been shared across the CCGs in Nottinghamshire.
- The service was a training practice for qualified doctors who were registrars training to become GPs. Feedback from previous registrars at the practice was positive about the supportive and friendly learning environment provided by the practice.
- One of the nurses as a qualified nurse mentor. There were plans to use her skills to offer student nurse placements from January 2018 to train up new nurses to meet future demand.