Park View Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park View Medical Centre on 8 December 2015. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice held a fortnightly clinic with the Citizens Advice Bureau
- Practice nurses carried out home visits to ensure that those who could or would not leave their homes received a flu vaccination where it was required.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- However, the practice could not demonstrate that they had carried out any full audit cycles.

The areas where the provider must make improvement are:

The practice must monitor the quality of its clinical care in order to ensure continuous improvement. This should include a programme of clinical audit.

The areas where the provider should make improvements are:

Summary of findings

- The practice should have a patient participation group
- The practice should ensure that they formalise the learning points from complaints in order to improve the service

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents.
- The practice had established effective systems to manage and review safeguarding concerns including regular meetings with multidisciplinary teams. The appointment of new staff was supported by appropriate recruitment checks and all of the practice staff had received clearance from the Disclosure and Barring Service (DBS).
- Internal assessments had been completed around the management of legionella and fire risks, issues identified had been actioned. Legionella is a term for particular bacteria which can contaminate bacteria in water systems.
- Procedures for dealing with medical emergencies were robust. Staffing levels were maintained to keep patients safe. Administrative systems were responsive and ensured that incoming correspondence was dealt with in a timely and effective manner and with full clinical oversight.
- We found the practice to be visibly clean and patients told us that they had not encountered issues with cleanliness.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

Staff assessed patients' needs and delivered care in line with current evidence based guidance including The National Institute for Health and Care Excellence NICE. The practice also engaged with the local Clinical Commissioning Group (CCG) pharmacist to ensure they were prescribing medicines according to local and national guidelines.

- Data from the Quality Outcome Framework indicators was mixed, with some indicators being above and others below average for the locality and nationally. For example, the practice had achieved 96.9% for chronic kidney disease related indicators which was above the CCG average of 1.1% and national average of 2.2%
- However the practice had only achieved 77.9% for diabetes related indicators which was 12.3% lower than the CCG average and 11.3% below national average

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, the practice nurse worked closely with the specialist diabetes nurse to provide effective evidenced based individualised care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams, including District Nurses, Community Matrons, Health Visitors and Midwives to understand and meet the range and complexity of patients' needs.
- However, the practice could not demonstrate that they had carried out any full cycle clinical audits which showed improvements to patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Overall patients told us they were happy with the appointment system and felt that their GPs listened to them. For example data from the National GP Patient Survey stated that 93% of patients said that the last GP they saw or spoke to was good at listening to them, compared to the CCG average of 88% and national average of 89%
- Information for patients about the services available was easy to understand and accessible. Information was also provided for patients in languages other than English to reflect the needs of the local population
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice demonstrated how they identified carers and signposted them to services which met their individual needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%
- The practice reviewed the needs of its local population and offered extended hours in order to improve patient access.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a mission statement and staff knew and understood the values of this.
- There was a clear leadership structure and staff felt supported by management. We reviewed ten policies and procedures used to govern activity which were comprehensive and in date and saw evidence that the practice held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- All the staff we spoke to told us that that the leadership team were always visible and approachable.
- The practice had systems in place for managing safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice acknowledged their strengths and weakness and was committed to making improvements and striving for high quality care.

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

Good

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

- A Member of the extended practice team undertook weekly scheduled visits to residential care homes and was part of a clinical commissioning group (CCG) pilot to work with the local community matron to reduce the number of unplanned hospital admissions while improving patient care Practice nurses visited patients including patients who could not or would not leave their home to provide flu vaccinations.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- The practice had achieved 100% for asthma related indicators comparable to the CCG average and above the national average of 2.6%
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the Lead GP and practice nursing team worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the practice worked closely with the local Macmillan Nurse to optimise the care and treatment received for those patients requiring end of life care.

Families, children and young people

Good

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

Summary of findings

- There was a robust system in place for the safeguarding of children.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.4% to 100% and five year olds from 98.4% to 100%. This was above the CCG average of 98%
- There was a fortnightly clinic held by the Citizens Advice Bureau.
- Midwives and health visitors provided weekly clinics from the practice.
- Patients we spoke with were positive about the services available to them and their families at the practice.
- Contraceptive services including contraceptive implant and coil fitting services were available.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice's uptake for the cervical screening programme was 82.0% which was above the national average of 74.4%
- The practice was proactive in offering online services including online appointments and an online prescription service.
- The practice offered a telephone consultation service requested by patients to improve access to the service.
- The practice offered extended opening hours and same day urgent appointments.
- The practice also offered NHS health checks for patients aged 40-75 years of age.

People whose circumstances may make them vulnerable

Good

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

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

Summary of findings

- We saw evidence on the practice's computer system that patients who had a learning disability were offered longer appointments.
- Staff discussions demonstrated that they were aware of their roles and responsibilities in recognising signs of abuse in children and vulnerable adults. There was documentation in the clinical rooms, which provided clinicians with relevant contact details for agencies, and staff who worked both in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The staff we spoke with had a good understanding of the mental capacity act and how best they could support patients who had been experiencing poor mental health.
- The practice carried out advance care planning for all patients with dementia.
- The practice hosted weekly clinics from mental health workers to support those who had problems with their mental health.
- The percentage of patients with a mental health condition whose notes recorded smoking cessation status in the preceding 12 months from 2014/2015 was 97.2% and was comparable with the CCG average.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. 331 survey forms were distributed and 100 were returned.This gave a response rate of 30.2%

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%
- 97% found the receptionists at this surgery helpful compared to a CCG average of 86% and a national average of 87%
- 91% described their experience of making an appointment as good compared to a CCG average of 70% and a national average of 73%
- 80% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and a national average of 65%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, 32 of which were all positive about the standard of care received. For example, 24 patients told us that they found their GP to be caring.

Patients we spoke with told us they felt the practice offered a good service and that staff were helpful, compassionate and treated them in a respectful manner. Patients told us they were satisfied with the care provided by the practice.

Park View Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector led our inspection team**.** The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience. An Expert by Experience is a member of the inspection team who has received care and experienced treatments from a similar service.

Background to Park View Medical Centre

Park View Medical Practice is a practice located in Long Eaton. There are approximately 4453 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England.

The clinical team includes one lead GP, two salaried GPs, two practice nurses and a healthcare assistant. The lead GP and practice manager form the practice management team. One medical secretary, two administrators, supports them and four receptionists with one designated as senior receptionist.

The practice is open Monday to Friday from 8.30am to 7pm. The practice offered extended hours on a Tuesday Wednesday and Thursday morning from 8am to 8.30am

The practice also offered appointments from 6.pm to 8pm Monday to Friday at a local medical centre in the centre of Long Eaton to accommodate those patients who are unable to attend the practice inside normal and extended working hours. When the practice is closed patients are advised to contact the local out of hours service Derbyshire Health United.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, including the local CCG and HealthWatch to share what they knew. We carried out an announced visit on 8 December. During our visit we:

- Spoke with a range of staff including; GPs, nurses, a healthcare assistant, practice manager and administration staff. We also spoke with five patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed the anonymised treatment records of patients.
- Reviewed 42 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 are provided for specific groups of people and what good care looks 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We spoke to five members of staff including receptionists and they were able to recall a recent significant event and the learning points associated with the events discussed from that. We also saw evidence from some practice meeting notes of November 2015 where a significant event had been discussed. However, the level of detail was poor and staff acknowledged that the written records required more attention to detail and they were working on this.

Safety alerts from the MHRA (Medicines and Healthcare Products) were cascaded to appropriate staff members by the practice manager.

Safety was monitored using information from a range of sources, including National institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts from the MHRA (Medicines and Healthcare Products) were cascaded to appropriate staff members by the practice manager

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The practice had appropriate written procedures in place for the production of prescriptions that were regularly reviewed and accurately reflected current practice. There were various methods available to patients to order their repeat prescriptions, including ordering them online.
- Records demonstrated that daily medicine refrigerator temperature checks were carried out which ensured that medicines requiring refrigeration were stored at appropriate temperatures.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment

checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

- The practice had group indemnity cover for all the GPs and nursing staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure that enough staff were on duty.

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- The practice had up to date fire risk assessments, the fire alarm was tested on a weekly basis and the practice had regular fire drills.
- **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 with adult pads but no child pads. We saw a risk assessment in respect of this and an order for the child pads. The practice had oxygen and all the cylinders were full. There were adult oxygen masks available. The practice had a first aid kit and accident book 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.
- 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. The plan was also available off the premises.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw that changes to current NICE guidelines and new NICE guidelines were disseminated to clinicians via e-mail. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. For example, the practice used guidelines from the British Liver Trust to promote best practice when managing patients who had abnormalities in their liver function tests. These guidelines were also made available in the GP locum pack to enable continuity of safe effective 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 recently published results showed that the practice had achieved 82.7% of the total number of points available (which is below the national average), with an exception reporting rate of 7.5%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets. However data from 2014/15 showed mixed results.

- The practice had achieved 100% of the total points available for palliative care related indicators which was the same as the CCG average and 2.4% above the national average. This was achieved with a 0% exception reporting rate
- The practice had achieved 100% of the total points available for hypertension related indicators which was0.6 % above the CCG average and 2.2% above the national average. This was achieved with a 1% exception reporting rate
- The practice had achieved 100% of the total points available for learning disability related indicators which was the same as the CCG average and 0.2% above the national average. This was achieved with a 2% exception reporting rate
- The practice had achieved 97.1% of the total points available for COPD health related indicators which was 2.2% lower than the CCG average and 1.1% below the national average. This was achieved with a 8% exception reporting rate
- The practice had achieved 77.9% of the total points available for diabetes health related indicatorswhich was 12.3% lower than the CCG average and 11.3%lower than the national average. However 87.58% of patients on the practice's diabetes register, with a record of a foot examination and risk classification during 2014/15 was comparable with other practices in the area. This was achieved with a 5% exception reporting rate

The lead GP explained that performance around diabetes was low because read codes had been applied incorrectly. We saw evidence in anonymised patient notes which confirmed this. The practice staff told us they would contact their local CCG Information Technology (IT) team to assist in correcting this error. We spoke to one of the regular locum GPs who told us that they had a specialist interest in the care of patients with a diagnosis of diabetes and that they were working with the practice GP and lead nurse for diabetes to improve patient care in this area.

- The practice could not demonstrate that they had carried out any full cycle clinical audits. We saw five clinical audits which were carried out in the last two years . However, these were single cycle audits and had not been repeated to demonstrate how improvements had been made. The Lead GP attributed this to low staffing levels. They acknowledged that a completed cycle of clinical audits were considered to be best practice and were assured that she was working towards achieving a completed audit cycle by January 2016. This audit was proposed to examine the prescribing of medicines used in the treatment of patients with severe joint disease, to ensure that prescribing was safe and appropriate

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Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included, clinical supervision and facilitation and support for the revalidation of doctors and nursing staff. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services such as specialist consultants in the acute care setting
- Staff worked together with the practice care co-ordinator and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going 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 that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.
- Regular clinics were held in practice rooms by a midwife, counsellor and the Citizens Advice Bureau.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

- Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients who had a learning disability had their own health promotion pack, providing advice on cervical smears and what to expect when they attended the surgery for a health check.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.0% which was above the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.4% to 100% and five year olds from 98.4% to 100%. This was above the CCG average of 98%. We did not have any comparative data for the national average.
- The percentage of patients aged 65 years and older who received a flu vaccination was comparable to the CCG average of 73.24%. We do not have any comparative data for the national average.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example the member of staff we spoke with told us how they would refer a patient with consistently high blood pressure to a GP for further monitoring.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection, staff told us that patient care and a genuine desire to do the best for patients was the primary focus of the practice team at all levels. This was integral to the practice team's everyday work.

We saw that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. If the reception team noticed patients required specific support for example, raising themselves from a chair to a standing position they ensured that clinicians were made aware so that they were provided with appropriate assistance. Staff were able to see patients who wanted to talk about sensitive matters in a private area where they could maintain their confidentially.

Out of the 42 CQC comment cards we received 33 which were very positive about the service experienced.. Patients we spoke with told us they felt the practice offered a good service and that staff were helpful, compassionate and treated them in a respectful manner. They told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received and also in the comment book available for patients to complete at reception were also positive and aligned with these views.

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. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was a carer. There was a practice register of all patients who had been identified as carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice had access to a range of mental health services, which could provide additional support to patients when required. Notices in the waiting room told patients how to access a number of support groups and organisations. These included drug and alcohol support

Good

Are services caring?

services. The practice hosted a support service including a counsellor and community psychiatric nurse specialist who held regular clinics for patients who had problems with mental health.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation when required and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was part of a pilot service for joint visits from GPs and the community matron to support patients who were vulnerable, both in their own homes and residential care homes to reduce their unplanned admission to hospitals.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with more complex needs such as some older people or those with a learning disability.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice worked closely with multidisciplinary teams to improve the quality of service provided to vulnerable and palliative patients.
- The practice worked closely with the medicines' management team towards a prescribing incentive scheme (a scheme to support practices in the safe reduction of prescribing costs). We also saw an example of a patient leaflet that provided education for when it may be necessary to consult with a GP for a minor illness. This leaflet was designed to promote cost effective prescribing of antibiotics. Both of these initiatives had been successful as the practice was comparable with other practices within the local CCG for prescribing of antibiotics.
- Online appointment booking, prescription ordering and access to their basic medical records was available for patients.
- The practice provided text message appointment reminders to patients who provided mobile phone numbers. We saw evidence in an audit dated December 2015 that this service had reduced the number of patients who did not attend the practice for their scheduled appointments.
- Home visits were available for those patients who could not attend the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice offered telephone consultations with GPs and nurses to improve access.
- The Health Care Assistant conducted regular visits to the local care home and supported patients by assisting them in attending appointments at the practice specifically for electrocardiograms (ECGs). An ECG is equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain.

Access to the service

The practice was open Monday and Friday from 8.30am to 7pm. The practice offered extended hours on a Tuesday, Wednesday and Thursday morning from 8am to 8.30am

The practice also offered appointments from 6.pm to 8pm Monday to Friday at a local medical centre in the centre of Long Eaton to accommodate those patients who were unable to attend the practice inside normal and extended working hours.

In addition, pre-bookable appointments were available up to four weeks in advance urgent appointments were also available for people that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 91% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 80% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63%% and national average of 65%.

We spoke with ten patients

Good

Are services responsive to people's needs?

(for example, to feedback?)

on the day of our inspection. Patients commented that they were always able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a 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. All staff were aware of the complaints procedure. Complaints forms were readily available at reception and the procedure was published in the practice leaflet.

The complaints policy explained how patients could make a complaint and included the timescales for their acknowledgement and completion. The process included an apology when appropriate and identified learning opportunities. The system included cascading the learning to staff on an informal basis. However, from our discussions with staff we found that learning outcomes had not always been communicated within the practice. Whilst we saw evidence of written records surrounding the handling of complaints, the notes were very basic and staff acknowledged that these required more attention to detail. We were assured that the practice were working towards achieving a higher standard of note taking during all their meetings.

The practice had received 14 complaints in the last 23 months. We viewed records of four complaints and found that these handled in a satisfactory manner. For example, there had been a delay in providing a patient with a result from an investigation. We saw that the practice completed an investigation into the matter and that the patient had received a written apology in a timely manner.

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's mission statement was understood and reflected by the behaviour of all the staff.

The practice values were:

- To provide patient centred care by involving patients and their families in decisions regarding their health and treatment.
- To be accessible and approachable.
- To show patients respect at all times.
- To provide continuity of care at all times.

Throughout our visit we saw a consistent, kind and compassionate approach to patients that generally supported these values. The practice's leadership team were aware of the importance of forward planning to ensure that the quality of the service they provided could continue to develop. The Lead GP was committed to improving primary healthcare and recognised the value of training and staff development. It was evident from our interviews with the administrative team, the lead GP and the staff that the practice had an open and transparent leadership style and that the whole team adopted a philosophy of care that was patient centred and put patient outcomes first.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The Lead GP and practice nurses were supported to address their professional development needs for revalidation.
- Staff were supported through appraisals and continued professional development.
- There were policies and procedures for every aspect of practice business. These included both clinical and administrative areas. Staff we spoke with had a clear working knowledge of them. Practice specific policies were implemented and were available to all staff through the practice intranet.
- The practice carried out regular health and safety, fire risk assessments and building risk assessments.

Nevertheless, there was scope to strengthen governance in the following area:

- The practice acknowledged that it was necessary to have a programme of continuous completed audit cycles to monitor quality and make improvements.. The practice acknowledged that it was necessary to improve communication to all staff with regards to learning from complaints.

Leadership, openness and transparency

- The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care.
- Weekly clinical and regular practice meetings focussed upon clinical issues, business needs, and to review significant events and complaints.
- The practice staff prioritised safe, high quality and compassionate care.
- Staff told us that the GPs were approachable and always took the time to listen to all members of staff.

Staff told us that regular team meetings were held, and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice

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

- The practice encouraged and valued feedback from patients, proactively gaining patients feedback and engaging patients in the delivery of the service. However the practice did not have a Patient Participation Group (PPG) which was due to a very poor uptake of recruitment in the local area. We saw evidence that a

Are services well-led?

Good

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

member of staff in the practice was working hard to restart the PPG. We did see evidence in a comment book left at reception where patients provided feedback for the practice with regards to patient care they had received and any recommendations which they felt could improve practice. For example, patients had requested new chairs in the waiting area to accommodate those individuals who suffered with mobility problems. We saw that these chairs were now in place

- The practice also gathered feedback through the Friends and Family test, the NHS choices website and the NHS national patient survey The practice also 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.
- Staff told us they felt empowered to give feedback or provide suggestions on how things could be improved with colleagues and management. Good work was acknowledged by the practice management.
- Employees spoke positively about their experience of working for the practice and there was a low turnover of staff with several members of staff working at the practice for over 20 years.
- All staff had an annual review of their performance during an appraisal meeting. This gave staff an opportunity to discuss their objectives, any improvements that could be made and training that they needed or wanted to undertake.
- Clinicians also received appraisal through the revalidation process. Revalidation is where licensed GPs and nurses are required to demonstrate on a regular basis that they are up to date and fit to practise.

Continuous improvement

The practice were aware of the areas in which they needed to make improvements and were working towards these.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA 2008 (Regulated Activities) 2014 Good Governance** 17 (2) (a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services The practice was in breach of this regulation, as they did not have any complete audit cycles. Complete audit cycles are required to monitor quality and make improvements in clinical care.