

# The Oaks 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

Outstanding 

Are services safe?

Outstanding 

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

We carried out an announced comprehensive inspection at The Oaks Medical Centre on 17 November 2015. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice reviewed significant events every six months to ensure improvements were implemented in a timely manner and full staff meetings were used to discuss learning outcomes and within the local CCG.
- Information about safety was highly valued and used to promote learning and improvement. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- 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.

- Data from the GP survey was consistently high, this included access to appointments and confidence in care provided by GPs, where 100% of patients surveyed agreed they had confidence and trust in the last GP they saw or spoke to.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- The practice assessed appointments several times a day and when demand was high additional appointments were assigned for patients, reception staff were empowered to be patient advocates and accommodated patients' needs. In practice this meant the vast majority of patients had access to an appointment on the same day.

# Summary of findings

- Patients whose circumstances may make them vulnerable were able to see a GP or nurse without an appointment as this was found to improve attendance and accommodate their often chaotic lifestyles. The practice also allowed patients to use the practice address for post, allowing other agencies to engage and support patients where appropriate.
- The practice staff had highlighted risks in administering adrenalin in an emergency. To mitigate this, a visual guide had been produced for quick reference to ensure the correct dose was administered to the patient.
- The practice were routinely updating policies and procedures to reduce future reoccurrence of risks highlighted from significant events and complaints. Significant event analysis was comprehensively reviewed to ensure updates were effective.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as outstanding for providing safe services.

- There was an open culture in which all safety concerns raised by staff and people who used the service were highly valued and integrated into learning and improvement.
- Staff were committed to reporting incidents and near misses. The level and quality of incident reporting showed the level of concern staff placed on reporting near misses and incidents.
- The practice had robust processes in place to investigate significant events and to share learning from these. Safety incidents were also shared within the CCG if appropriate.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- Risks to patients were assessed recognised as the responsibility of all staff and well managed. There were designated leads in areas such as infection control, who were empowered to suggest and make changes to keep staff working to best practice. Training was provided to support their role.
- There were comprehensive systems in keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems.
- The practice had systems and processes in place to deal with emergencies. Arrangements for managing medicines, including emergency drugs and vaccinations were robust and well managed.

Outstanding



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice had a culture of using audits to improve patient outcomes and prioritised areas not covered by QOF. We saw examples of full cycle audits and ongoing audit activity that had led to improvements in patient care and treatment. Data showed patient outcomes were in line with those of the locality. For example, the practice's uptake for the cervical screening programme was 78% which was in line with the national average of 82%. However, the practice highlighted this as an

Outstanding



# Summary of findings

area for improvement and put in place plans to increase attendance, which included proactive monitoring and follow up, arranging translation services, using market research learning to improve response rates and appointments to discuss the implications of not participating.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to develop their skills.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example:
  - 98% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- Feedback from patients, their carers and community health and social care teams was consistently positive about the way staff treated people. Patients told us staff went the extra mile and the care they received exceeded their expectations. For example the GPs created a rota system with mobile phone numbers for an end of life patient so a familiar GP could attend to the patient's wishes and not involve the out of hours service at such a difficult time.
- There was a strong and visible patient centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between patients, carers and staff were compassionate, caring and supportive.
- Staff recognised and respected patients' needs and always took a patient's personal, cultural, social and religious needs into account.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand and patients' emotional and social needs were seen as important as their physical needs.

**Outstanding**



# Summary of findings

- We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to be friendly and made every effort to accommodate patients' needs.

Results from the national GP patient survey showed that patients' satisfaction with how care and treatment was provided was consistently above the local and national averages.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- Patients told us it was easy to get an appointment with a GP over the phone or in person, with urgent and routine appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice offered flexible services to meet the needs of its patients. For example, they offered early morning appointments every Wednesday from 7am.
- The receptionist role was seen as the patients' advocate and they were empowered to assist those less able and put in place the most appropriate appointment or request further involvement for patients through telephone appointments with GPs or nurses.
- The appointment availability was appraised several times a day and appointments increased if required.
- Information about how to complain was available and easy to understand and patients were encouraged to complain, and especially to formalise the concern, so a thorough investigation could be undertaken and lessons learned. The practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders including the patient participation group (PPG).
- The practice policy for complaints required two partners to sign off a complaint which had gone through the full process and been resolved; this had been implemented to increase the opportunity for review.
- There was a proactive approach to understanding the needs of different groups of patients and deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or had complex needs.
- The practice monitored the number of patients receiving end of life care who die in their chosen place of death the latest audit showed 86% had their wishes achieved.

Outstanding



# Summary of findings

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

## Are services well-led?

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

- The practice had a vision to deliver high quality care and to treat each patient as an individual without prejudice. Staff were clear about the vision and their responsibilities in relation to this. The practice had developed a five year plan which outlined its aims for the future.
- There was a clear leadership structure and staff felt supported by partners and management.
- The partners and practice manager had a shared purpose and sought to motivate staff to succeed in providing high quality care. For example the practice recognised and celebrated good practice at every opportunity and operated an honest and no blame culture to encourage reporting of incidents and near misses to maximise the opportunity to improve practice. As a consequence of this staff felt supported to raise issues and concerns.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice classed their policies and procedures as 'living documents' and constantly developed them as lessons were learnt from significant events or complaints, as updates were issued, or staff attended training courses and brought their learning back to the practice.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and complaints.

**Outstanding**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits were co-ordinated with relatives, carers and district nurses, with the patient's consent, which allowed additional support and planning to be undertaken during the appointment.
- They worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. For example the practice held a weekly meeting with the district nursing team to coordinate care.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 80% which was above the national average of 73%.

The practice had patients living in eleven local care homes which a designated GP visited each week undertaking urgent and routine appointments and health checks. We spoke with staff at a care home who said the care the practice provided was compassionate and caring. The practice produced an updated patient summary every six months which assisted community health and social care teams, out of hours visits and ambulance crews gain a current medical history and provide effective care for the patient when the practice was closed.

**Outstanding**



### People with long term conditions

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

- The practice had put in place dedicated clinics for the support of patients with long term conditions such as diabetes and breathing problems, and operated a recall system to ensure patients were receiving appropriate care. The results for patients with a long term condition were in line with national averages. For example:
  - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% compared to a national average of 90%

**Outstanding**





# Summary of findings

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for the patients identified as being at risk of admission.
- Longer appointments and home visits were available when needed.

The practice worked with community specialist nurses who ran clinics at the practice for conditions such as heart failure and diabetes. The practice computer system was connected to the community team's system to provide up to date clinical notes and seamless transfer of information.

## Families, children and young people

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

- Immunisation rates were in line with national averages for all standard childhood immunisations.
- Following feedback from staff and patients the immunisation clinics were run by two nurses to ensure safety and so vaccines could be administered at the same time instead of one after another, reducing the stress caused to the patient.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice recognised once children were removed from the at risk register could still be at risk, so developed a 'vulnerable child in the family' code to alert clinicians that additional support might be required. This code was regularly reviewed by the safeguarding lead, health visitor and school nurse.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.

Outstanding



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments, text reminders and the availability of early morning appointments.

Outstanding



# Summary of findings

- The practice offered online services such as electronic prescriptions, and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

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

- The practice had an increasing Eastern European and Middle Eastern population and frequently made full use of interpreters to ensure effective communication.
- Homeless patients were encouraged to become full time patients so they could access healthcare and support when required. With the patients' consent the practice would use its address for registration, which allowed post received at the practice to be collected by the patient, this assisted in referrals to other healthcare teams and support workers.
- The practice identified that appointments for this group often ended in missed or late attendance. To improve this, the practice encouraged patients to present at reception without an appointment whenever they felt in need of care or in crisis. An appointment would be found for them within 30 minutes of arrival and the patient seen by a nurse or GP as required. This has proved more acceptable to the patients in this group and has shown a marked increase in the attendance rate of homeless people as well as people with drug or alcohol problems.
- The practice offered learning disability checks and sent out invites to attend this annually, however found performing at least some of this review during regular appointments had a positive impact on the patients' health even if the full review was not completed.
- The practice offered longer appointments for people who would benefit from one.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. For example all staff, including the reception team had completed training to recognise signs of domestic violence. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Outstanding



# Summary of findings

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Clinicians had moved to a more sensitive dementia diagnostic tool (the Montreal Cognitive Assessment Tool) which the Partners found more accurate in the early diagnosis of dementia, despite the additional time it took to perform.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Outstanding



# Summary of findings

## What people who use the service say

We looked at the national GP patient survey results published on July 2015. The results showed the practice was consistently performing above local and national averages. A total of 274 survey forms were distributed and 109 were returned. This represented a return rate of 40%.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 87% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 99% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 90% and a national average of 85%.
- 97% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 82% and a national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 37 comment cards which were all positive about the standard of care received, which reflected the GP patient survey feedback. Comments highlighted friendly, approachable staff and patients said they always felt listened to. Patients described the practice as caring and supportive, and said they always found it clean and hygienic.

We spoke with seven patients during the inspection. All of the patients said they were delighted with the care they received and thought staff were approachable, committed and caring.

# The Oaks Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser a practice manager specialist adviser and an expert by experience. (An expert by experience is a person who has personal experience using or caring for someone who uses this type of service.)

## Background to The Oaks Medical Centre

The Oaks Medical Centre provides primary medical services to approximately 8480 patients through a General Medical Services (GMS) contract. Services are provided to patients from a single site which occupies purpose built premises in Beeston. The patient list is increasing and has grown 17% since 2011.

The level of deprivation within the practice population is less than the national average. Income deprivation affecting children and older people is also below the national average.

The clinical team comprises four GP partners (2 female and 2 male), two female salaried GPs, three nurses and two healthcare assistants. The clinical team is supported by a practice manager, and a team of administrative and reception staff.

The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments start at 8.20am to 11am. Afternoon appointments are offered from 2pm until 5.30pm. The practice offers extended hours on a Wednesday and

Thursday mornings from 7am. In addition to these bookable sessions, walk in patients are seen at the end of clinics which patients do not have to book appointments for and all patients who attend are seen.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS) through the 111 system.

## 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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



# Are services safe?

## Our findings

### Safe track record and learning

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice adopted a no blame culture once a significant event had been reported and supported staff through an investigation into the cause. A meeting was called for all staff whenever a significant event occurred involving both administration staff and clinical staff.
- Development of new policies and procedures to reduce the chances of the incident repeating itself and input was actively encouraged from all staff. The practice had a "living policy" which championed the continual development of policies and procedures as ideas were put forward and lessons learnt from incidents, near misses and complaints.
- The practice recorded all significant events on a central spread sheet and reviewed these at regular staff meetings. Once concluded a further date was planned after three months to have a second review and confirm policies and procedures were efficient and reducing the chance of reoccurrence.
- All significant events were assessed and rated by the severity of injury caused to a patient carer, or member of staff as well as the likelihood it might reoccur and a colour code assigned from green to black. The seriousness of the incident was easily recognisable on the spread sheet used to monitor the status of the investigation and overall trends easier to recognise.
- All significant events were reported to the National Reporting and Learning System (NRLS) and shared within the CCG at meetings if deemed appropriate.

The practice had recorded 11 significant events in the previous year. We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice ensured lessons were shared and action was taken to improve safety within the practice. For example:

A patient died following several admissions to hospital and being seen by out of hours teams. The practice reviewed the care the patient had experienced in the preceding year and highlighted tests which could have improved the outcome. This included improved communications with care homes to assist staff in monitoring patient's condition in conjunction with improved understanding of clostridium difficile (c.diff). Clostridium difficile is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

A GP produced a clinical document on the management of suspected c.diff in line with the department of health guidelines, including mnemonics to assist in remembering symptoms and general information on the condition. This was distributed to staff to improve awareness and strengthen the diagnosis of the condition in the primary care setting and discussed at a full staff meeting. Prescribing of antibiotics was reviewed as some antibiotics are more likely to cause c.diff and parameters for a stool sample set to assist in the diagnosis of the condition.

Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information. The practice invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

### Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- Nursing staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware that this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring



## Are services safe?

service (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).

- The practice premises were observed to be clean and tidy. Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with local infection prevention teams to maintain best practice. The practice had been comprehensively audited in February 2015, which identified a number of required actions in line with the latest guidance and we saw evidence that the practice had addressed these.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### 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 and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were panic buttons to alert other staff to any emergency if required.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available and the practice had a designated first aider.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The staff had highlighted a risk in administering the correct doses of adrenalin to a child or infant having an allergic reaction in an emergency, given the small and varied dose required. An illustrative guide for the emergency dose of adrenalin in a child or infant was attached inside the lid of the emergency drugs box to aid in the prompt administration in an emergency and reduce likelihood of errors.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to ensure all clinical staff were kept up to date, for example; NICE guidance would be divided amongst staff who had the relevant area as a specialty and the learning and updates would be shared at meetings as well as the document being electronically distributed for reference. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines as well as selecting audits which covered areas not monitored by QOF.

GPs and Nurses had specific areas of expertise, such as diabetes respiratory conditions and dermatology, which was utilised to ensure new evidenced based techniques and treatments were used to support the delivery of high-quality care and acted as a resource to their colleagues. Those patients who would benefit from seeing leads were able to be referred within the practice from other clinicians, or seen jointly, to ensure the most suitable diagnosis and care plans were put in place. Staff told us they would work collaboratively to ensure patients with complex needs were supported and community specialists regularly attended lunchtime meetings to help coordinate care. In addition nursing staff told us they attended clinical commissioning group (CCG) arranged training sessions and had formed close relationships with nurse specialists to ensure they kept up to date with guidelines and best practice.

### 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 539 out of a possible 559 points available which was 96%, with an exception reporting rate of 9.7%. (The

exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with local and national averages. Data from 2014/15 showed;

- The percentage of patients with diabetes who had a blood pressure reading in the last 12 months was 89% which was 9% above the CCG average and 11% above the national average. This was attained with an exception rate of 10% which was 1% above the CCG average and 2% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was 4% below the CCG average and 1% below the national average.
- Performance for mental health related indicators was 93% which was the same as the CCG average and 5% above the national average.
- Performance for dementia related indicators was 87.5% which was 2% above the CCG average and 3% above the national average. This was attained with an exception rate of 5.4%, 3% below the national average.

Clinical audits were undertaken within the practice.

- There had been 14 clinical audits completed in the last year. These were completed audits, where the improvements made were implemented and monitored. The practice had a culture of using audits to improve patient outcomes and prioritised areas not covered by QOF, for example, the practice had audited patients who had undergone a splenectomy, the surgical procedure to remove the spleen or had a dysfunctional spleen. The result of which was patients being invited to the practice for a health and medicines review during which flu vaccines were offered and additional training and understanding of the risks patients were exposed to following a splenectomy given to staff.
- In addition a further five clinical audits were classed as on-going 'dynamic' audits which were repeated every two or four weeks, these included audits such as low haemoglobin and cancer care audits. Future audits were planned and leads allocated, learning from clinical audits was shared with all staff and training and information made available where appropriate.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.

Staff were proactive in supporting people to live healthier lives and use every opportunity to identify where their health and wellbeing can be promoted. There was a focus on early identification and prevention and treatment within primary care which was reflected in the low referrals to hospital. The practice was consistently a high performer within the CCG and regularly assessed their performance in areas such as admission and referrals. For example:

- An average of 66 patients per 1000, receive emergency inpatient spells in hospital compared to a CCG average of 72.
- An average of 223 patients per 1000 received their first outpatient referral from a GP compared with a CCG average of 276.
- An average of 21 patients per 1000 received an elective inpatient spell compared with a CCG average of 24.
- An average of 9 patients per 1000 were admitted to hospital as an emergency with a preventable condition, compared to a CCG average of 10.13.

The practice had one of the lowest outpatients' referral rates to hospital for patients, in addition, admissions through hospitals emergency departments were also among the lowest in the CCG showing that conditions were not being overlooked or treatment delayed resulting in patients attending secondary care as an emergency case.

### Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality. Recently appointed staff told us they had been welcomed by their colleagues and felt supported in their roles. The induction period included two weeks of shadowing a colleague to gain understanding of the role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for

example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.

- The continual development of staff skills, competence and knowledge was recognised as being integral to ensure high quality of care. Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development. Staff had access to a range of training which was appropriate to meet the needs of their role. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development throughout the year and time allocated to complete courses.
- In addition to formal training sessions, support was provided through regular meetings, mentoring and clinical supervision. We saw evidence to demonstrate training needs of staff had been identified and planned for through the appraisal system and the preferred learning style the training was delivered in was booked for the staff member depending on their preferences.
- Staff had developed close working relationships with specialist clinicians such as respiratory nurses to improve knowledge and keep up to date with the latest treatment options.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Several community teams had access to clinical notes through laptops enabling instant transfer of information between staff.
- GPs had a 'buddy system' for review of results and tests which ensured they were always reviewed on the day they were received at the practice and patients informed in a timely manner despite their GP being on leave.



# Are services effective?

## (for example, treatment is effective)

- There were effective arrangements in place to manage medicines within the practice to keep people safe. Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines.

Staff worked together 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 regular basis and care plans were routinely reviewed and updated.

Multidisciplinary team members such as district nurses were invited to attend the daily lunch meeting that the GPs conducted at 12pm. This open invitation increased the communication between staff and the speed at which support could be put in place for patients.

### 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 practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Staff were proactive in supporting people to live healthier lives and use every opportunity to identify where their health and wellbeing can be promoted. The practice identified patients who may be in need of extra support. For example:

- 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 or referred to the relevant local service.
- The practice offered a range of services including smoking cessation, family planning and weight management services.

The practice had systems in place to ensure patients attended screening programmes and ensured results were followed up appropriately. The practice's uptake for the cervical screening programme was 78% which was below the national average of 82%. There was a policy to send a written reminder followed by a telephone reminder 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.

The practice had audited the attendance of cervical screening and found a high proportion of patients who did not attend were eastern European women who refuse to attend appointments despite repeated attempts. This was an obstacle the practice continued to overcome in a number of ways including:

- Having a designated administrative lead, in addition to a clinical lead, to monitor the recall of patients for cervical smears and assist in access where required such as arranging translation services to assist in communication where appropriate.
- The practice looked at marketing research and found a higher response rate was generated if reminders were sent on different coloured paper. In response to this the practice printed the first letter on yellow paper and the second on pink.
- If a patient stated they did not want to participate in a screening program an appointment was offered with the relevant clinical lead to discuss the implications.
- An alert was put on patient's records if they had not attended a screening appointment or were overdue so GPs could speak to patients opportunistically.
- If an appointment had been delayed due to pregnancy the administrative lead documented this and the GP discussed it at the next appointment.



## Are services effective? (for example, treatment is effective)

Childhood immunisation rates were in line with CCG averages. For example, childhood immunisation rates for vaccinations given to two year olds were between 93% and 97% (CCG range from 96% to 99%) and five year olds were between 88% and 98% (CCG average 96% to 99%).

Flu vaccination rates for the over 65s were 80% and at risk groups 54%. The rate for the over 65s was above the national average of 73%; as was the rate for at risk groups with a national average of 52%.

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.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice, often knowing each other by name.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. All 37 completed comment cards we received were positive about the standard of care. Patients said they were always treated with dignity and respect and described the practice staff as friendly, compassionate and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with seven patients, including three members of the patient participation group (PPG), during the inspection. All of the patients said they found the premises clean and tidy and were always treated with kindness and consideration by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner and their social needs were seen as important as their physical needs.

Feedback from patients who use the service, carers and community teams is continually positive about the way the staff treat people. People told us staff went the extra mile and the care they received exceeded their expectations. Examples included:

- A nurse visiting a patient's home for a flu vaccination appointment also carried out carers duties as the carer was not visiting again until later that evening. The nurse ensured adequate care was in place for the patient.
- A nurse supported a patient through additional treatment in her own time as they saw the likely benefit the patient would have from having the procedure, but was hesitant about attending the appointment alone.
- The GPs put in a rota for a patient receiving end of life care so their religious beliefs could be carried out in the required time frame.
- During the inspection a patient visited the practice with a thank you card and flowers. They told us they were moving away to be closer to family and the only reason they had considered staying was the high level of care the practice had provided to them following retirement, and their fear the future care would never equal their experiences at the practice.

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

- 100% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% of patients said the GP gave them enough time compared to a CCG average of 89% and a national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 96% and a national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 86% and a national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92% and a national average of 91%.

In addition to this 0% of patients found any of the services provided by GPs poor compared to the CCG average of 4%.

Satisfaction scores for interactions with reception staff were also above the CCG and national averages:

- 98% of patients said they found the receptionists at the practice helpful compared to a CCG average 91% and a national average of 87%.



# Are services caring?

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

Patients told us they were active partners in their care. Staff were fully committed to working in partnership with patients. Staff always empowered patients to have a voice and showed determination and creativity to overcome obstacles to delivering care. 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 was 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. Results were above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 85% and a national average of 81%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 87% and a national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice provided care to 131 carers in total which equated to 2% of the patient list. The practice displayed information for carers in the waiting area and staff had developed a pack of information containing telephone numbers and advice to ease access to support for carers in the community. The practice provided the flu vaccination to carers and made longer appointments available if the patient required. The practice also ran carers events in conjunction with local organisations to identify further carers and support those already identified.

The practice proactively planned end of life care, in conjunction with community teams, to ensure anticipatory drugs were in place along with carer support and a preferred place of death assessment is carried out to ensure patient's wishes are taken into account. The practice audited the deaths, both in the community and care homes which showed 86% of palliative care patients died in their preferred place of death.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. A letter of condolence was also sent which had areas the practice could support family and carers if required. This was followed by a patient consultation at a flexible time and location to meet the family's needs to give them advice on how to find a support service.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

We spoke to staff at local nursing homes where the practice cared for some of the residents, they were overwhelmingly positive about the level of care the practice provided. For example, nurses at a nearby nursing home felt so close to the staff at the practice they said they were part of the team looking after their residents. There was praise for the open access the reception provided to clinical staff to ease communication and ensure prompt care was provided.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one morning per week, the practice had switched to early mornings as the feedback from patients attending the initial run of evening clinics was they were less convenient than early mornings, particularly to working age patients.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- Appointments could be booked and cancelled online and prescriptions requested through the website.
- The practice hosted monthly Gold Standard Framework meetings with community health and social care teams to ensure people nearing the end of their lives have the required care and support in place.
- Patients with learning disability had an alert on their file to enable greater flexibility in appointments and continuity of care was in place to help during the appointment.
- Home visits were available for housebound patients and the practice visited 11 care homes on a weekly basis to carry out routine appointments and health checks.
- Same day appointments were available for children and those with serious medical conditions.

- Patient's individual needs and preferences were central to the planning and delivering of services. Receptionists, in the role of patients' advocate, had the flexibility to provide choice for patients when planning appointments ensuring continuity of care.
- The practice had begun a health check birthday for patients with multiple conditions, which was an agreed date when the patient would attend the practice to undergo all the required health checks and have medicines review; this reduced the number of visits patients would make to the surgery.
- The practice had the highest rate in the CCG of patients referred to the community teams and worked closely with the specialist nurses to support patients in remaining at home whilst managing their conditions.
- Appointments could always be requested with a female GP and a chaperone and the use of interpreter was always available.
- There were translation services available if these were required.
- Homeless patients were able to use the practice address to assist in receiving mail and appointments were fitted in to suit their lifestyle.
- Consultation rooms were situated on the ground floor and disabled parking was available.
- The nursing staff developed a policy to see children for immunisations in pairs so all vaccines could be administered at the same time, reducing the length of time and amount of discomfort endured by both patient and parent.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times varied from day to day but we saw that the practice had a flexible approach to these and would add additional sessions and appointments where this was considered necessary. The consultation times started at 8.20am. Afternoon appointments were offered until 5.30pm. The practice offered extended hours on a Wednesday morning from 7am. In addition to pre-bookable appointments that could be booked up to eight weeks in advance.

The appointment availability was appraised several times a day and appointments increased if required. This, combined with the 'sit and wait appointments' available in the second half of each session allowed the practice to accommodate each patient who required an urgent



# Are services responsive to people's needs?

## (for example, to feedback?)

appointment. This was reflected in the feedback from patients and the total removal of the high volume of phone calls previously received on opening the practice. Patients told us they did not have to 'play the system' to obtain an appointment.

In addition to the bookable sessions the practice ran walk in slots following the close of both morning and afternoon clinics where patients could attend without an appointment and wait to see a GP or Nurse. There was no limit to the number of patients who could attend these open clinics and all patients would be seen. Patients told us they had rarely had to wait more than 30 minutes to be seen during these times.

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

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 99% of patients said they could get through easily to the surgery by phone compared to the CCG average of 87% and the national average of 73%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments in a way and at a time which suited them and this aligned with feedback from the comment cards. The practice told us they assessed the demand on appointments on a daily basis and receptionists would alert partners if demand was high so additional appointments could be allocated.

### Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's 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.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

We looked at 12 complaints received in the last 12 months and found these were dealt with promptly and sensitively. Verbal complaints were also logged so they could be included in analysis and used for learning opportunities. We saw meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate.

We saw complaints were regularly discussed within the practice and learning was appropriately identified. There was an active review of complaints and how they were managed and responded to, and improvements were made as a result. If the outcome from a complaint identified areas for improvement policies and procedures were amended and training provided to reduce the risk of reoccurrence.

The practice had introduced a traffic light system, which was used to identify the impact and progress of the complaint and assisted in the analysis of trends when reviewing the complaints log.



# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had clearly defined aims and objectives centred on delivering high quality, safe and effective patient care. The practice had identified a range of objectives to underpin this vision. For example; to treat each patient individually and with compassion, empathy respect and dignity.
- Staff were engaged with the aims and values of the practice and were committed to providing high quality patient care.
- The partners looked at the staffing and facilities available to the patients of the practice and also planned strategically for the local population. The practice had put plans in place for the sudden expansion in patient numbers that might occur if local services closed. This included the use of temporary buildings to aid with initial registration in the local area as well as clinical rooms whilst building work took place to expand the current premises on a permanent basis.
- Additional staff had been employed on a permanent basis when appropriate to reduce the need for temporary staff to cover sickness and leave, and to ensure there was provision for the correct skill mix in the future with continued expansion expected.

### Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were classed as 'living documents' and reviewed and updated at every opportunity. They reflected best practice and supported staff in their roles.

- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

### Leadership, openness and transparency

The four partners within the practice had a range of experience and demonstrated they had the capacity to run the practice to ensure high quality care. For example, we saw that GPs had special interests and additional qualifications in a range of areas. For example; in diabetes, cardiovascular medicine, women's health and contraception and dermatology. The partners and the practice manager were visible within the practice and staff told us they were approachable and listened to all members of the practice team.

Constructive challenge from patients, carers and staff was encouraged and welcomed. Every opportunity to improve the service was recognised and acted on, and complaints were seen as a vital way of holding the practice to account.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided explanations and verbal or written apologies where appropriate. In addition the practice invited patients affected by significant events which were raised as complaints or concerns to review the outcomes and sought their consent for anonymised information to be used as a learning tool for staff.

Staff told us they were proud of the practice, the partners and manager and spoke highly of the culture and the organisation. There were consistently high levels of constructive staff engagement and the practice had developed a 'daily huddle' where staff would meet informally to share ideas, keep up to date, and for peer support.

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

# Are services well-led?

Outstanding



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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met on a regular basis. They carried out patient surveys and discussed proposals for improvements to the practice management team. For example, the PPG had highlighted a delay in receiving x-ray results from the hospital. The CCG were involved and the hospital took on additional clerical staff to improve the turnaround of results. This has led to improved patient care to all patients in the CCG as well as the practice.
- The practice gathered feedback from staff through meetings, appraisals and on-going discussions. 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 involved and engaged to improve how the practice was run and empowered to question poor practice whatever their role.

## Continuous improvement

- There was a focus on learning and improvement within the practice. The practice team had been part of local pilot schemes to improve outcomes for patients in the area and was committed to learning.
- Staff felt supported to identify opportunities for improvements to the delivery of service and felt the practice was looking long term and developing roles to take the future services into account.
- The practice had a proactive and positive view of significant events and complaints and put in place additional reviews and systems to confirm the actions had reduced the likelihood of further incidents reoccurring.
- The practice actively planned audits which involved more than single diseases, and took into account whole conditions. Most were areas not covered by QOF and outcomes highlighted areas for improvement and clinical practice was updated accordingly. In addition to yearly audits the practice had elected to carry out 'dynamic audits' as a way of highlighting performance in common conditions.