Acorn Medical Practice

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 Acorn Medical Practice on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. A system was in place for acting on patient safety alerts and we found significant events were reported, recorded and investigated.
- Most risks to patients were assessed and well managed. Immediate action was taken to mitigate risks related to the management of medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received relevant training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Most patients expressed a high level of satisfaction about the care and services they received. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff were engaged in developing the practice ethos and how it was run. Staff felt supported by management.
- The practice had a patient participation group which was actively involved in patient education, fundraising activities and improvement work in liaison with practice staff.

Summary of findings

The areas where the provider should make improvement are:

- Ensure carers continue to be proactively identified and supported by way of information and regular health reviews.
- Ensure the systems in place for recalling and reviewing patients continue to be strengthened to improve patient outcomes. This also includes performance indicators for mental health, depression, dementia and some long term conditions.
- Ensure the management of medicines is regularly reviewed and robust.

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.

- There was a system in place for reporting, recording and investigating significant events. However, the recording needed to be strengthened to ensure it clearly detailed the action taken and arrangements for review.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- The practice had systems and processes in place to keep patients safe and safeguarded from abuse. This included facilitating regular safeguarding meetings and undertaking appropriate recruitments checks.
- The arrangements for managing medicines and vaccines was strengthened to ensure patients were kept safe. Identified concerns were addressed immediately and supporting evidence was submitted within 24hours of our inspection to confirm this.
- Risks to patients were assessed and reviewed. This included risks related to equipment, the premises, health and safety and foreseeable emergencies.

Are services effective?

Requires improvement

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

- The GP and nursing staff had lead roles in chronic disease management. Data showed most patient outcomes were in line with the local and national averages.
- Improvement work had been initiated in QOF areas of underperformance performance and this included long term conditions such as diabetes. However, indicators for mental health, depression, dementia and were lower than the preceding year.
- A range of health checks and national cancer screening programmes were offered to support patients' live healthier lives. However, the uptake rates were significantly lower than the local and national averages, for example bowel and breast cancer screening.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.

Summary of findings

- The practice supported staff with training to improve their skills, knowledge and experience. There was evidence of appraisals and personal development plans for staff employed for over a year.
- Clinical audits and reviews that had been completed demonstrated improvement in patient outcomes and quality of service provision.
- Staff worked with other health and social care professionals to plan and deliver appropriate care to meet the complexity of patients' needs. This included monthly multi-disciplinary meetings to review patients at risk of hospital admission and those receiving end of life care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients described the staff as friendly and caring, and confirmed they were treated with respect and dignity. Most patients felt they were involved in decisions about their health and treatment, and received support to cope emotionally with their care and condition.
- The national GP patient survey results showed consultations with GPs were marginally lower than the local and national averages; and higher for nurses. For example: 94% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- We observed staff treating patients with kindness and respect, and maintaining their confidentiality.
- The practice had identified 1.6% of the practice population as carers and they were offered flu and or influenza vaccinations.
- Information for patients about the services available was easy to understand and accessible in other languages.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included improvement work related to reducing inappropriate usage of accident and emergency services and unplanned hospital admissions.
- 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.

Summary of findings

- The January 2016 national GP patient survey results showed 94% of respondents described their experience of making an appointment as good compared to the local average of 84% and the national average of 73%.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The practice had a clear vision and supporting business plan to promote positive outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to it.
- The practice sought feedback from staff and acted on it. For example, all staff had been involved in developing the agreed practice ethos which is summarised in the acronym ACORN.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity; and these were accessible to staff and in progress of being reviewed.
- The overarching governance framework supported the delivery of good quality care and there was scope to address identified improvements.
- The patient participation group was active in areas such as patient education, fundraising and improvement work in liaison with practice staff.

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.

- All patients over the age of 75 years had a named GP.
- Influenza, pneumococcal and shingles vaccinations were offered (where necessary) in accordance with national guidance.
- Home visits to patients in their own homes or care homes were carried out when requested.
- Monthly multi-disciplinary care meetings were held to avoid hospital admission and ensure integrated care for older people with complex health care needs.
- Nationally reported data showed most patient outcomes for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages. Lower outcomes were achieved for osteoporosis with a value of 66.7% compared to a CCG average of 74.6% and national average of 81.4%.

People with long term conditions

Good

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

- Performance data showed clinical outcomes for patients was in line or marginally lower for most long term conditions when compared with local and national averages. The practice had identified areas for improvement and this included monitoring and management of patients with diabetes.
- The practice maintained registers of patients with a range of long term conditions. These patients were offered a structured six monthly or annual review to check that their health and medicines needs were being met. Recall systems had been strengthened to ensure patients attended.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care. This included working closely with community based specialist nurses in diabetes, respiratory conditions and heart failure.
- Staff had the knowledge, skills and competencies to respond to the needs of patients.
- The practice was engaged with the avoiding unplanned admissions enhanced service and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Patients could access home visits, longer or same day urgent appointments when needed.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in need and at risk of abuse. This included regular safeguarding meetings held with the health visitor, GP, practice nurse and practice manager.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Same day urgent appointments were available for children who were unwell. Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a good working relationship with the health visitor and midwife attached to the practice. Mothers had access to ante-natal and post-natal care.

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 practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended hours were offered on a Thursday morning from 7.30am with the GP, practice nurse and health care assistant.
- Patients could access telephone consultations and online services to book appointments, request prescriptions and view some personal information.
- A full range of health promotion and screening that reflects the needs for this age group was offered. Measures were in place to increase the uptake of NHS health checks for patients aged 40 to 74 and patients eligible for the bowel and breast cancer screening.
- Family planning services were provided for women of working age.
- Minor surgery, phlebotomy services and diagnostic tests that reflected the needs of this age group were carried out at the practice.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Annual health check-ups and longer appointments were offered for patients with a learning disability and for those who required it.
- The practice worked closely with other health care professionals in the case management of vulnerable patients and patients receiving end of life care. Monthly multi-disciplinary and gold standards framework meetings were hosted by the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the mental health crisis team and the child and adolescent mental health services.
- Practice supplied data for 2015/16 showed the overall achievement for clinical indicators related to dementia, depression and mental health were lower than the 2014/15 published data for the practice; as well the local and national averages.
- Patients experiencing poor mental health could access a range of information on support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Practice staff were scheduled to attend dementia friend training in May 2016 to ensure they had a good understanding of how to support these patients.

Summary of findings

What people who use the service say

The practice had undertaken a patient survey in February 2016 and 85 patients had responded. This was approximately 3% of the practice population at the time. The results were positive and 98% of patients felt they were treated with care and concern (all or most of the time), 95% found reception staff helpful and 28% felt the service had improved.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards and all but one contained positive feedback about the standard of care received. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. This was aligned with feedback received from six patients we spoke with during the inspection.

The national GP patient survey results were published in January 2016. The results showed the practice was mostly performing above or in line with local and national averages. A total of 379 survey forms were distributed and 112 were returned. This represented a 30% completion rate and approximately 4% of the practice's patient list. The results showed the practice performed well in the following areas:

- 94% of respondents found it easy to get through to this surgery by phone compared to the clinical commissioning group (CCG) average of 68% national average of 73%.
- 94% described their overall experience of this surgery as good compared to the CCG of 84% and national average of 85%.
- 78% described their experience of making an appointment as good compared to the CCG of 71% and national average of 73%.

The results showed the practice could improve on waiting times and consultations with the GP.

- 51% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG of 64% and national average of 65%.
- 79% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG of 84% and national average of 85%.
- 80% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86% and national average of 87%.

Areas for improvement

Action the service SHOULD take to improve

- Ensure carers continue to be proactively identified and supported by way of information and regular health reviews.
- Ensure the systems in place for recalling and reviewing patients continue to be strengthened to improve patient outcomes. This also includes performance indicators for mental health, depression, dementia and some long term conditions.
- Ensure the management of medicines is regularly reviewed and robust.

Acorn Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Acorn Medical Practice

Acorn Medical Practice is a single handed GP practice and provides primary medical services to approximately 2,814 patients through a general medical services contract (GMS). The current GP took sole responsibility for the practice as from 31 October 2015.

The practice is located in purpose built premises near to Mansfield city centre. There are car parking facilities and the practice is accessible by public transport. The level of deprivation within the practice population is above the national average. The practice is in the third most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas.

The clinical team comprises one male GP, an advanced nurse practitioner (works only on Fridays), a practice nurse and a healthcare assistant. The clinical team is supported by a full time practice manager, a business supervisor, a team of four reception and administrative staff and a cleaner.

The practice opens from 8am to 6.30pm Monday to Friday; with the exception of Wednesday when the practice closes at 5pm or 12pm due to staff protected learning time. GP appointments including telephone consultations were typically available from 9am to 1pm and 3pm to 5.30pm. Extended hours were offered from 7.30am on a Thursday morning.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derby Health United.

Why we carried out this inspection

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

How we carried out this inspection

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?

Detailed findings

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).

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 May 2016. During our visit we:

- Spoke with a range of staff (GP, practice nurse, health care assistant, practice manager and reception staff).
- Observed how patients were being cared for and spoke with six patients who used the service. This included the chair of the patient participation group (PPG)
- Reviewed a sample of the medical records of patients to corroborate our evidence.
- Received 46 comment cards where patients shared their views and experiences of the service.

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

The practice had a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager and / or the GP of any incidents and a recording form would be completed.
- We reviewed four significant events that had been recorded in the last 12 months. Records showed appropriate action had been taken to address the immediate risks to the patient's welfare. This included liaison with other agencies such as the Police, social workers and family members.
- The significant events had been analysed and discussed with staff at practice meetings; although the recording needed to be strengthened to ensure it clearly detailed the action taken and arrangements for review.

The practice received and acted on medicine alerts, medical devices alerts and other patient safety alerts. The practice manager shared the alerts with the clinicians and the GP was responsible for ensuring appropriate action was taken to improve safety in the practice. For example, affected patients had their care and treatment reviewed in response to updated guidance on limiting the prescribing of gluten free products and specific medicines where there is a small increased risk of serious cardiac side effects.

Overview of safety systems and processes

- The practice had suitable arrangements in place to safeguard children and vulnerable adults from the risk of abuse.

Staff had access to policies and procedures to guide them in identifying and preventing abuse from happening. This included information on whom to contact for further guidance if they had concerns about a patient's welfare. The GP was the safeguarding lead and was trained to child safeguarding level three. Meetings to discuss children at risk were held every six to eight weeks and attended by the health visitor, GP, practice nurse and practice manager. Meeting minutes reviewed showed discussions were held on children in need, children on protection plans and families with a history of domestic violence for example.

Staff demonstrated they understood their responsibilities and had received relevant training on safeguarding children and vulnerable adults as well as domestic violence training.

- Notices were displayed in the waiting area and in the consulting rooms to advise patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We observed the premises to be visibly clean and tidy. The practice had completed regular infection control audits and checks, the most recent on 13 May 2016. Action was taken to address any improvements identified as a result. For example, ensuring that sharps bins contained appropriate waste and was signed and dated on assembly. The practice manager told us they had been in liaison with the local infection prevention teams to access support and ensure the practice kept up to date with best practice. There was an infection control protocol in place which was subject to review and most staff had received up to date training.

The arrangements for managing medicines and vaccines, in the practice needed to be strengthened to ensure patients were kept safe. Specifically the processes related to security, storage and disposal. For example, we found:

- Medicines used in minor surgery, some dating back to 2015 with patient names were kept in the fridge and had not been disposed. This was raised with staff and we received reassurances this had been disposed following our inspection.
- We were told travel vaccinations were offered by prescription, and the patient was responsible for collecting the vaccine and returning it to the practice "straight away" for storage in the vaccine fridges. The pharmacy was located next door to the practice. The practice staff were fully aware of the potential risks in respect of cold chain storage and potential delay in administration, and felt the systems were effective.

Good

Are services safe?

- Prescriptions were securely stored and there were systems in place to monitor their use. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out medicines audits and reviewed its prescribing data, with the support of the local clinical commissioning group (CCG) pharmacy teams. This was to ensure prescribing was in line with best practice guidelines for safe prescribing.
- One of the nurses was qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GP for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber when needed.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and this had been completed in March 2016. We saw that remedial action had been taken to address identified risks. For example, covers were placed on radiators in areas accessible to patients. Portable fire extinguishers had been tested and this was valid until December 2016.
- Planned evacuation drills were carried out and the most recent drill was undertaken on 13 January 2016.
- The practice had contracts in place for the maintenance and servicing of all equipment to ensure they were safe to use and working properly. For example, medical equipment had been calibrated in August 2015 and portable appliance testing for electrical equipment was valid until December 2016.
- The practice had undertaken a variety of other risk assessments to monitor the safety of the premises; and remedial action had been taken or was planned. This included control of substances hazardous to health and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).

The current GP had joined the practice in June 2015, and became the sole doctor from October 2015. Staff we spoke with told us there were sufficient numbers of staff to meet the needs of patients and additional clinical staff had been recruited within the last 12 months. This included the advanced nurse practitioner and health care assistant. A rota system and the demand for clinical appointments were used to plan and monitor the number and skill mix of staff needed to meet patients' needs. Arrangements were in place to respond to planned or unexpected staffing changes such as sickness, annual leave and emergencies. A GP locum was also used to provide cover when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Emergency medicines were accessible in a secure area of the practice and all staff knew of their location. Weekly checks were undertaken to ensure all the medicines were in date and stored securely.
- We found no emergency medicines in the minor surgery suite located on the first floor area of the practice. We were told the anaphylaxis kit was brought upstairs from reception prior to the minor surgery clinic surgery but some staff were not aware of this. This was discussed with the management and following our inspection the practice manager confirmed a cabinet to hold the medicines had been purchased and was scheduled to be fitted in the minor operation suite.
- Staff received training that enabled them to respond to medical emergencies. This included basic life support training, first aid, anaphylaxis and / or cardio pulmonary resuscitation.
- The practice had oxygen with adult and children's masks, and a defibrillator.

Good

Are services safe?

- A first aid kit and accident book were also available.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with demonstrated they assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Regular meetings were held within the practice between the GP and nursing staff which helped to ensure staff were aware of changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.
- Clinicians had access to a range of risk stratification tools to inform their assessment and review of patient needs. This included tools for identifying patients at risk of specific long term conditions, dementia and hospital admission.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

The most recent published QOF results were for 2014/15. The data showed the practice had achieved 86.3% of the total number of points available. This was 5.7% below the clinical commissioning group (CCG) average and 8.4% below the national average. The practice had achieved a 10.6% overall exception rate and this was comparable to the CCG average of 9.5% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effect.

- Performance for diabetes related indicators was 66% which was 15.6% below the CCG average and 23.2% below the national average. The exception reporting rate for diabetes related indicators was 8.6% compared to the CCG average of 11.8% and the national average of 10.8%.
- Performance for hypertension related indicators was 91.5% which was 7.1% below the CCG average and 6.3% below the national average. The exception reporting rate was 4.7% compared to the CCG average of 3.1% and national average of 3.8%.
- Performance for mental health related indicators was 80% which was 11.1% below the CCG average and 12.8% below the national average. The exception reporting rate for mental health related indicators was 9.2% compared to the CCG average of 14.9% and the national average of 11.1%.
- Performance for dementia related indicators was 100% which was 9.2% above the CCG average and 5.5% below the national average. The practice had not exception reported any patients on the dementia register. The CCG exception reporting rate was 9.2% and the national average was 8.3%.

The practice staff were aware of clinical indicators that had achieved low QOF points and high exception reporting rates; and improvement work was being taken to address this. This included reviewing the clinical data and coding of specific health conditions, as well as encouraging patients to attend their annual reviews. Practice supplied data for 2015/16 showed the practice had achieved 85.34%; although this was yet to be verified and published.

- Performance for diabetes related indicators was 76% showing an increase of about 10% when compared with 2014/15 data.
- However, performance indicators for mental health, depression and dementia were lower than the previous year.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, and two of these were completed audits where the improvements made were implemented and monitored.
- For example, a completed audit cycle relating to minor surgery showed the process for clinicians seeking and recording consent for this procedure had significantly improved and the related assessment template was being completed. The outcomes of the audit had been

shared with staff and a new log book was created to ensure the regular follow up of patients and their histology results. All the patients' histology results had showed benign conditions.

- Other audits and reviews related to NICE guidance on the management of atrial fibrillation and physiotherapy referrals.
- The practice reviewed its intelligent monitoring data and local benchmarking information to improve outcomes for patients. For example, the practice was an outlier for the prescribing of hypnotics (medicines used to induce and/or maintain sleep) and this was significantly above the CCG and national averages in 2013/14. We found the practice had taken action to address this with 2015/16 benchmarking data evidencing reduced volume of hypnotic's being prescribed. The practice also worked closely with the CCG pharmacist and prescribing advisor to ensure these medicines were prescribed safely and in line with best practice guidance.

Effective staffing

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

- The GP was up to date with their professional development requirements and had been revalidated in 2014. Revalidation is the process by which GPs and nurses are required to demonstrate on a regular basis, that they are up to date with current best practice and remain fit to practice. The GP had also undertaken training to enable them to become a clinical supervisor and plans were in place to co-work with a GP trainer from another practice.
- The practice nurse had been revalidated in 2016 and nursing staff we spoke with could demonstrate how they ensured they attended role-specific training and updates. This included staff reviewing specific long term conditions such as asthma, staff administering vaccines and / or taking samples for the cervical screening programme.
- The practice had an induction programme in place, however this was not fully implemented with all the recently recruited staff as the provider had taken into account their previous work experience and training. Two staff we spoke with told us the induction they had received had ensured they were aware of the practice systems and culture.
- The learning needs of staff were identified through a system of appraisals, meetings and review of practice development needs. Staff employed for over a year had received an appraisal within the last 12 months.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included CCG organised protected learning time events, e-learning training modules, in-house training and on-going support.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

- This included medical records, test results and treatment / care plans.
- The practice shared relevant information with other services. For example when referring patients to secondary care services and when patients moved between services.

The practice worked with other health and social care providers to meet patients' needs and manage complex cases. This included obtaining appropriate health and social care support for patients and care planning arrangements that met their individual needs. For example, the practice held monthly multi-disciplinary meetings to discuss the needs of people receiving end of life care, people with complex long terms conditions, patients at risk of hospital admission or in hospital, as well as older people who were frail. These meetings were attended by a range of professionals including the community matron, district nurse and other community based specialist nurses.

The practice also used the multi-disciplinary meetings and patient registers to improve coordination and communication amongst the professionals. For example,

Requires improvement

Are services effective?

(for example, treatment is effective)

the use of electronic palliative care co-ordination systems (EPaCCS) template enabled the recording and sharing of people's care preferences and key details about their end of life care.

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 clinical staff undertook assessments of capacity.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- People with learning disabilities, patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice nurse offered advice on smoking cessation and weight loss.
- All eight patients with a learning disability were offered an annual health check. Five patients had received their health check in the last 12 months and invitations had been sent out to the remaining three patients.
- The practice offered health checks for new patients and NHS health checks for patients aged 40–74. Follow-up action was taken to mitigate abnormalities or risk factors identified during these checks. A total of 40 out of 200 (20%) invited patients had attended for their NHS health check in 2015/16.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The 2014/5 Public Health England data showed the practice's cancer screening was below the CCG and national averages. For example:

- 44% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 60% and national average of 58%.
- 57% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 78% and national average of 72%.
- 74% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 79% and national average of 74%. The 2015/16 practice supplied data showed 80% of females had received cervical screening within the last five years.

The practice had identified the need to improve the uptake rate of the NHS health checks and cancer screening programmes. Action taken to address this included opportunistic patient education, displaying posters in the waiting area that encouraged patients to book in for a health check and continued identification and invitation of eligible patients.

The 2015/16 immunisation rates for the vaccinations given to children were above / or in line with the CCG and county averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.9% to 100% and five year olds was 88.9%. The lower percentages were achieved due to two patients not attending. The practice was actively following up with the parents and health visitor.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Six patients we spoke with including the chairman of the patient participation group (PPG), described the staff as caring and helpful. Patients felt they were treated with dignity and respect; listened to and that their views and wishes were respected; and that confidentiality was maintained. Positive comments were also given in respect of the practice being "small and family orientated" with staff calling some of the patients by their preferred name.

All but one of the 46 patient Care Quality Commission comment cards we received contained positive feedback about the service experienced. Patients said the practice offered a very good service and staff were very helpful, compassionate and responsive to their needs. Four of the comment cards had mixed feedback with less positive comments relating to patients not always being able to understand the GP or the GP not listening. Some discussions had already been facilitated with the GP by practice staff and the PPG regarding improving communication skills; and patients were encouraged to ask the GP to repeat himself if they did not understand the information shared.

The results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages for its satisfaction scores on consultations with GPs. For example:

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

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

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national averages of 97%.
- 97% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Most of the patient feedback from the comment cards we received (about 91%) 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 for consultations with GP were marginally lower than the local and national averages; and those for nurses were higher For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 80% of patients said the GP gave them enough time compared to the CCG average 86% and the national average of 87%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% to the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 93% of patients said the GP gave them enough time compared to the CCG average 93% and the national average of 92%.

Good

Are services caring?

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% to the national average of 85%.

Records reviewed showed multi-disciplinary meetings took place with other health care professionals on a monthly basis. Care plans were routinely reviewed and updated for patients with complex care needs including those receiving end of life care.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in other languages relevant to the practice population. This included Polish, Latvian, Pakistani and Bangladeshi.

Patient and carer support to cope emotionally with care and treatment

Feedback from patient's demonstrated staff responded compassionately when they needed help and provided support when required. Patient information leaflets were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included services for counselling, concerns about memory, specific mental health conditions and a self-help group directory for services in Nottingham and Nottinghamshire.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers which represented 1.6% of the practice population. Carers were invited for flu or influenza vaccinations as appropriate. Written information was not available within the practice area to direct carers to the various avenues of support available to them on our inspection day. This was highlighted to staff and we received confirmation that relevant information had been sourced from Carers UK and was being accessed by patients.

Staff told us a card was sent if families had suffered bereavement. The GP contacted the families to offer a patient consultation or give advice on how to find a support service. There was bereavement related information on display within the practice. This included the Age UK love later life – bereavement support after a death.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice reviewed patients who had attended the accident and emergency (A&E) services to determine if they had used the appropriate service. Monthly multi-disciplinary meetings were also held to discuss patients at risk of admission to hospital. The benchmarking data for the period April 2015 to March 2016 showed patient attendances to A&E were lower than the CCG average; although the data was higher for use of the walk-in services.

The practice staff and the patient participation group (PPG) worked together to educate patients on the correct use of services to reduce the number of inappropriate A&E services. Information to help patients know about the GP and local services was available within the practice, including in other languages such as Polish, Pakistani and Bangladeshi. The practice also liaised with the integrated team regarding patients with long tem conditions and their on-going care to minimise unplanned admissions and A&E attendances.

A range of services were offered to the six population groups we inspected. For example**,**

- Older patients were offered dementia screening, flu vaccines and access to the district nurse or community matron services if appropriate.
- Family planning services were offered including contraception such as intrauterine devices.
- Mothers had access to antenatal and postnatal care; as well as child health services such baby developmental checks and immunisations. The midwife facilitated a Wednesday clinic and appointments could be booked in advance.
- Health checks such as abdominal aortic aneurysm (AAA) screening for males aged 65 and over were offered. AAA screening is a way of detecting a dangerous swelling (aneurysm) of the aorta, the main blood vessel that runs from the heart, down through the abdomen to the rest of the body and prostate.
- A self-monitoring blood pressure machine (FLO) was available for patients to use without an appointment therefore offering flexibility to patients. A system was in place to record the blood pressure readings and ensure they were acted upon by a clinician.
- The practice also offered treatment room services such as phlebotomy, ear syringing, wound care and minor surgery.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. For example, the GP could directly refer to the domiciliary phlebotomy service and request a home visit for patients on anti-coagulation / warfarin treatment. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.
- The practice hosted the community dermatology service at least once a month on average. This service was accessible to both registered and non-registered patients subject to a referral. This allowed patients to receive care closer to home.
- Reasonable adjustments were made to maximise ease of access for patients. For example, there was a lowered desk to one side of the reception and lift access to the minor surgery suite which offered easier access for wheelchair users.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday; with the exception of Wednesday when the practice closed at 5pm or 12pm due to staff protected learning time.

- Routine appointments with the GP could be pre-booked up to 48 hours in advance and urgent appointments were available on the same day. GP appointments including telephone consultations were typically from 9am to 1pm and 3pm to 5.30pm. Urgent appointments were usually accessible between 11am and 12.30pm or 5.30 to 6pm; or sooner if needed.
- A waiting list was also kept if no appointments were left on the day and a patient indicated they required to be seen. Patients were then contacted and offered a telephone consultation or a face to face appointment.
- Nurse appointments were typically from 8.30am to 12pm and 1.30pm to 5.30pm.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Extended hours were accessible on Thursdays from 7.30am for working patients who could not attend during normal opening hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were longer appointments available for patients with a learning disability.
- Patients signed up to the text messaging service were reminded a day before their appointment.

The practice had trialled pre-booking appointments beyond 48 hours and this had resulted in high numbers of patients not attending their appointments. In liaison with the PPG, it was agreed to continue with 48 hours pre-bookable GP appointments subject to future review.

Most people we spoke with 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. Patients who completed comment cards also confirmed they were able to access care and treatment when they needed it. The positive feedback from patients was aligned with the national GP patient survey results published in January 2016; which were above the local and national averages.

- 98% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good compared to the CCG average of 84% and the national average of 73%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.

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.
- The practice manager and GP were the designated responsible persons who handled all complaints in the practice.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to the practice manager if required.
- We saw that information was available to help patients understand the complaints system including leaflets and posters.

The practice had recorded two complaints in the last 12 months and this included a verbal complaint. The complaints were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where. We saw that a Doppler ultrasound scan (a small machine which is used to measure the blood supply to your legs) had been purchased as a result of a complaint. In addition, D-Dimer tests (used to help rule out the presence of an inappropriate blood clot) were also now being offered.

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 team had developed and agreed a clear ethos centred around the first word of the practice (ACORN) as detailed below:

- Always here for your wellbeing
- Committed to all our family of patients
- Open and honest at all times
- Resolute in our aim to do our best
- Never too busy to help

Staff knew and understood the values of the practice and were engaged with these. This included to "ensure our patients are shown courtesy, respect and thoughtfulness at all times irrespective of ethnic origin, religion or mental health problems and to provide services for patients who may be experiencing personal issues such as homelessness".

The practice had a supporting five year business development plan which covered areas such as the projected needs of patients, services offered, staff development and developing the unused space within the practice.

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.
- The practice had a programme in place to review policies and procedures; and the target date for completion was 31 July 2016. Staff had access to these policies and we found most practice specific policies were implemented in practice.
- Practice staff had an understanding of the performance of the practice, and they were seeking to address areas of concern or underperformance.
- Arrangements were in place to monitor the quality of services that patients received and to make improvements.
- Systems were in place for identifying, recording and managing risks, and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP and practice manager told us they prioritised safe, high quality and compassionate care. There was a clear leadership structure in place and staff felt respected, valued and supported by management. Staff told us the manager and GP were approachable and took the time to listen to them.

Monthly practice meetings were held and informal discussions were facilitated on a daily basis. Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

A culture of openness and honesty was promoted. For example, the practice had systems in place to ensure that when things went wrong with care and treatment, affected people received feedback and a verbal or written apology.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example, the practice had gathered feedback from patients through the patient participation group (PPG), surveys and the friends and family test questionnaire. The PPG had been established for six years and met on a monthly basis. Membership comprised of seven regular attendees. We spoke with the PPG chair who spoke positively about the working relationship with practice staff and a commitment to advocating patients' views so as to improve the service. Some of the PPG achievements included:

- Patient education – in areas such as appropriate health services to use to minimise inappropriate attendances at accident and emergency services and walk in centres; as well as the importance of patients attending their booked appointments or cancelling them in advance if not convenient.
- Fundraising and purchasing equipment for patient use. For example, a digital camera, blood pressure monitor, a

Are services well-led?

Good

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

defibrillator and a privacy screen that could be used to maintain the privacy and dignity of mothers breastfeeding or patients experiencing an epilepsy seizure.

- Staff feedback was gathered during meetings, appraisals and discussion. Staff told us they were encouraged to identify opportunities to improve the service and felt engaged to improve how the practice was run.
- Some of the planned improvement work included collaborative working with a neighbouring practice and registering as a training practice with the East Midlands Deanery.