

Springfield Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Medical Centre on 11 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning was shared with the staff throughout the practice so support improvement in the quality of care delivered.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice demonstrated good medicines management with regards to the storage and handling of vaccinations and all other medicines including emergency medicines.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However there were areas of practice where the provider should make improvements:

The practice should ensure that all clinical audit cycles are completed in order to demonstrate the improvements made to patients' outcomes.

The Practice should ensure that all prescribing errors are investigated formally in order to ensure continued and shared learning.

Summary of findings

The practice should maximise the functionality of the computer system in order that the practice can consistently code patient groups and produce accurate performance data.

The practice should investigate ways to better support patients to feel involved in decisions around their care and treatment.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared both at practice meetings and were available to staff on the shared drive on the practice computer system to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, we saw that people received reasonable support, truthful information and both a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. For example, the practice had two GPs who acted as co-safeguarding leads. This was to ensure that there was always one GP on hand should any safeguarding incidents arise. The practice computer system was able to alert members of staff to individuals who were deemed to be at risk.
- Risks to patients were assessed and well managed. This included risk assessments for legionella (a bacterium which can contaminate water systems), fire, infection control and health and safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed patients' needs and delivered care in line with current evidence based guidance including The National Institute for Health and Care Excellence (NICE) the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. The practice also engaged with the local CCG pharmacist to ensure they were prescribing medicines according to local and national guidelines.
- Clinical audits demonstrated quality improvement; however, there was scope to extend these and to ensure that each audit cycle was completed in order to demonstrate improved outcomes for patients.
- Performance from the Quality Outcome Framework indicators was mixed. Performance in areas such as heart failure, palliative

Summary of findings

care and COPD health related indicators was above the national and local averages. However, performance against key indicators around mental health and diabetes were below both the national and local averages.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, the practice nurse worked closely with the specialist diabetes nurse to provide effective evidenced based individualised care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams, including District Nurses, Community Matrons, Health Visitors and Midwives to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Overall patients told us they were happy with the appointment system and felt that their GPs listened to them.
- Information for patients about the services available was easy to understand and accessible. Information was also provided for patients in languages other than English to reflect the needs of the local population
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.
- The practice had a member of staff who took the lead to identify carers and signposted them to services which met their individual needs.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and offered extended hours in order to improve patient access.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice worked closely with the district nursing services, community matrons and social workers to promote development of individualised care plans.
- It was responsive to the needs of older people, and offered home visits and urgent appointments with longer appointment times.
- Although the flu vaccination rates were lower than the CCG and national average, the practice acknowledged this and had offered flu clinics on a Saturday in order to increase the uptake of the flu and pneumonia vaccinations.
- The practice had several members of their older population represented in their patient participation group.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example the practice demonstrated low emergency admission rates for their patients who had COPD.
- Performance for COPD health related indicators showed that the practice had achieved 97% of their percentage points which was 1.7% above the CCG average and 1.1% above the national average
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those people with the most complex needs, the named GP and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the practice held a weekly clinic with a specialist diabetes nurse for those patients whose diabetes was difficult to control.

Good



Families, children and young people

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

Good



Summary of findings

- There was a robust system in place for the safeguarding of children with the two GPs sharing the role of safeguarding leads to ensure patient safety.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The rates of cervical screening were 73.4%, which although below the CCG average of 81.4% was comparable with the national average of 74.3%.
- The practice holds a monthly baby clinic and a weekly antenatal clinic at a nearby surgery.
- There was good liaison between the practice and community mental health services for young people.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- It had carried out annual health checks for people with a learning disability and the practice had achieved 100% in their Quality and Outcome Framework (QOF) in this area. QOF is the annual reward and incentive programme detailing GP practice achievement results
- We saw evidence on the practice computer system that individuals who had a learning disability were offered longer appointments.

Good



Summary of findings

- Staff discussions demonstrated that they were aware of their roles and responsibilities in recognising signs of abuse in children and vulnerable adults. There was documentation in the clinical rooms, which provided clinicians with relevant contact details for agencies, and staff who worked both in and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The staff we spoke to had a good understanding of the mental capacity act and how best they could support people who had been experiencing poor mental health.
- The practice had a low prescribing rate for specialist medicines used in the treatment of depression.
- The practice has developed an innovative use of a specialist medicine used to treat depression, which they have found can be very beneficial to patients who have problems consuming too much alcohol.
- The practice had 45 patients on their mental health register. However, their performance for mental health related indicators was 73.1%, which was 15.6% below the CCG average, and 19.7% below the national average. The practice recognised that they needed to improve upon their performance.
- The practice had seven patients diagnosed with dementia and carried out advance care planning for all seven patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed that the practice was performing in line with local and national averages. 446 survey forms were distributed and 108 were returned, giving a response rate of 24%.

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 59% and a national average of 60%
- 80% of patients said they found the receptionists at the practice helpful when compared to a CCG average of 87% and national average of 87%
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and national average of 85%
- 95% said the last appointment they got was convenient compared to a CCG average of 92% and national average of 92%

- 72% described their experience of making an appointment as good compared to a CCG average of 73% and national average of 73%
- 63% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 62% and a national average of 65%

Prior to our inspection, we asked for CQC comment cards to be completed by patients. We received 26 comment cards, 24 of which were all positive about the standard of care received. For example, patients told us that they felt cared for and that the GP's took the time to listen to them.

We spoke with five patients during the inspection. All five patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Springfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Springfield Medical Centre

Springfield Medical Centre is a long established practice located in the Bulwell area of Nottingham. There are approximately 2673 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners, one-practice nurse and a healthcare assistant. The GP partners, business manager and practice manager form the practice management team. They are supported by one medical secretary, a note summariser and four receptionists with one designated as senior receptionist

The practice is open Monday to Friday from 8.00am to 6.30pm. The practice offers extended hours on a Tuesday morning from 6.45am to 8.00am. Extended hours are also offered on a Tuesday evening from 6.30pm to 7.45pm when one of the GP partners is away.

When the practice is closed patients are advised to contact Nottingham Emergency Medical Services, the local Walk in Centre in London road and several local pharmacies for advice on minor illness.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, including the local CCG and HealthWatch to share what they knew. We carried out an announced visit on 11 November 2015. During our visit we:

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

Detailed findings

- Reviewed the personal care or anonymised treatment records of patients.
- Reviewed 26 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- There was a system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise concerns. This was achieved either verbally or using the forms available on the practice computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, medicine safety alerts, and minutes of meetings where these were discussed. Lessons learned were shared on the practice computer system as well as in staff meetings to make sure action was taken to improve safety in the practice. For example, there had been an incident in reception where several patients were involved in a disagreement. Staff we spoke with explained that several patients in the waiting area had become distressed. The business manager then raised this as a significant event owing to the distress that had been caused to patients in the waiting area. We saw evidence of the shared discussion with staff of this incident in the meeting minutes of June 9 2015. Since this incident, there is now a poster in the reception area stating that no verbal or physical abuse will be tolerated at any time. We also saw evidence of new guidelines for staff on how to manage violence and aggression.

However we also saw one example of an incident of a prescribing error whereby the incorrect patient details had been entered onto a prescription. This meant that the script was unable to be processed by the pharmacy. Whilst this was not raised as a significant event we did see evidence that the patient had been provided with a written apology in a timely manner.

Overview of safety systems and processes

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

- The practice had comprehensive safeguarding policies for adults and children which reflected relevant legislation and local requirements. These policies were available to all staff. Staff were familiar with the policies, they understood their responsibilities and had received training relevant to their role. The GP partners shared

the role of safeguarding lead to ensure that one of them was always available on a daily basis to address any urgent safeguarding issues. Both GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Patients with safeguarding concerns were flagged on the practice computer system.

- Notices were displayed in clinical rooms and in the reception area advising patients that a chaperone would be available if required. We saw evidence that some members of the administration team had received chaperone training but they were rarely required to do so as nurses would be more likely to fulfil this role. All staff who acted as chaperones had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults.
- The practice was visibly clean and tidy. The practice nurse took the lead for infection control; we saw that she had received appropriate training for her role. There had been an infection control audit carried out. There was an action plan arising from this audit that identified that the flooring in the patient waiting area was not cleaned to a high standard. The patient participation group (PPG) survey from March 2015 also raised the same issue. We saw evidence that the practice has now hired an industrial floor cleaner and we observed that the floor in the reception area was cleaned to a good standard.
- The arrangements for the management of medicines including emergency drugs and storage of vaccinations were safe. We saw evidence that the vaccine fridges were clean and secure, vaccines were stored in their original packaging and were stored appropriately allowing air to circulate around them. Stock was rotated and in date with expiry dates being checked on a regular basis. We observed that the fridge temperatures had two thermometers and that the actual, minimum and maximum temperatures were recorded on a daily basis. The vaccine fridge was kept locked at all times. The practice nurse was able to describe a recent significant event where the fridge had been accidentally unplugged

Are services safe?

and how she had telephoned the vaccination companies to take on advice as to which vaccinations needed to be destroyed. This was in line with local and national guidelines.

- The practice liaised with the local CCG pharmacy team and carried out regular medicine audits to ensure that prescribing was in line with best-evidenced based practice. The last audit we saw was completed in October 2015. Details of the audit highlighted that the practice was prescribing antibiotics in line with local and national guidelines. Prescription pads were stored securely and their use monitored. We saw that the practice nurse used Patient Group Directions (PGD) to allow vaccinations to be administered in line with legislation. These PGDs were in date and signed by the lead GPs and nurse who used them. The Healthcare assistant used a Patient Specific Direction, which was checked and signed by a GP prior to administration of vaccinations.
- We reviewed four personnel files and found that

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- The practice had up to date fire risk assessments the fire alarm was being tested and fire drills were carried out on a regular basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This included blood pressure monitoring equipment and weighing scales in the nurses room, both of which were calibrated and fit for purpose.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. Legionella is a term for particular

bacteria that can contaminate water systems in buildings. A Legionella Risk Assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw evidence of staff rotas, which highlighted that the practice was staffed safely in order to meet patient's needs.

Arrangements to deal with emergencies and major incidents

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

- All staff had received their annual basic life support training. Staff were aware of their roles and responsibilities in the event of any emergency.
- The practice had a defibrillator on the premises; this was fit for use, with both adult, and child pads available, which were in date.
- The practice had oxygen available on the premises and the tanks were full. There were adult and child oxygen masks available for use.
- All emergency drugs were suitable for probable emergencies and were in date. The practice was able to provide evidence of records that the emergency equipment was checked on a regular basis.
- All staff we spoke with knew where to access the emergency equipment and reception staff we spoke with knew how to recognise when a patient was seriously unwell and how to manage this safely.

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. We were told that a copy of the plan was kept off site at the GP's home.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw that changes to current NICE guidelines and new NICE guidelines were disseminated to clinicians via e-mail. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. These were discussed at the practice meetings. For example, we saw evidence that the practice started to implement IMPAKT (Improving Patient Awareness of Kidney Disease progression Together) which is a tool kit produced by NICE for managing patients with chronic kidney disease. We also saw evidence in anonymised patient's records that the NICE guidelines were applied when managing individuals at risk of heart disease; we saw that these were being implemented based on individual patient needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 83.9% of the total number of points available, with 10% exception reporting.

The QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. However, data from 2014/15 showed mixed results.

- Performance for heart failure related indicators showed that the practice had achieved 100% of all their points, which was 6% higher than the CCG average and 2.1% higher than the national average.
- Performance for palliative care related indicators showed that the practice had achieved 100% of all their points, which was 0.8% above the CCG average, and 2.4% above the national average.

- The percentage of patients with hypertension having regular blood pressure tests was 88.5%, which was 8.9% points below the CCG average, and 9.3% lower than the national average.
- Performance for COPD health related indicators showed that the practice had achieved 97% of their percentage points which was 1.7% above the CCG average and 1.1% above the national average.
- Performance for mental health related indicators showed that the practice had achieved 73.1% of all their points which was 15.6% below the CCG average and 19.7% below the national average
- Performance for diabetes health related indicators showed that the practice had achieved 50% of all their points, which was 29.1% below the CCG average, and 39.2% below the national average.
- Performance for dementia related indicators showed that the practice was achieving 100% of all their points, which was 10.6% above the CCG average, and 5.5% above the national average

We asked one of the GPs why they were not achieving their full QOF points and we were assured that this was more than likely to be associated with a coding issue and problems with data entry. The practice advised us that they were seeking to improve their clinical coding and data entry by putting extra training in place for staff responsible for data coding.

The GP we spoke to acknowledged that diabetes control was poor in the practice. We saw that the practice were working with a diabetes specialist nurse who held a weekly clinic in order to try and improve patient care for those with diabetes. This nurse was able to prescribe special diabetes medicines, which helped reduce body weight with the aim of improving blood sugars making them more stable to reduce the risks of long-term health implications.

Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment. We saw evidence of one clinical audit undertaken in the last year. The practice has 31 patients on their stroke register. The risk of stroke is associated with a specific abnormal heart rhythm. The aim of the audit was to ensure that patients with this specific abnormal heart rhythm were receiving medicines to thin their blood and so reduce the risk of stroke. We saw evidence that patients at risk of stroke were reviewed and prescribed the recommended medication. The audits themselves were basic and

Are services effective?

(for example, treatment is effective)

required some attention to detail, particularly as to the methods used to carry them out. The practice should also ensure that clinical audit cycles are completed in order to demonstrate improved outcomes for patients. The GPs acknowledged that there was scope to improve and extend clinical audit work at the practice.

Effective staffing

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

- We saw that the practice had a comprehensive induction programme for both clinical and non-clinical members of staff. This included topics such as; infection control, safeguarding and confidentiality. There was also a comprehensive induction pack for locum GPs.
- Staff received training which was appropriate for them to meet their learning needs and to ensure that they were delivering safe effective care within their scope of practice. All staff had received an appraisal within the last 12 months where their learning and development needs were identified. All GPs and nurses were receiving the support they required for the revalidation process.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, which included equality and diversity training and in-house training. We saw evidence that the practice nurse had attended a recent cervical screening training update and attended regular training updates for the administration of immunisations and vaccinations.
- We saw evidence of clinical lecture notes shared with members of staff on the shared drive of the practice's computer system. There were over 100 sets of lecture notes, attended by both GPs in their own time which were used for staff training to facilitate the use of evidenced based practice.

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.

- The practice had a safe and robust system in place for ensuring that notes received from out of hours services,

blood results and results from investigations were received and acted on in a timely manner. Both GPs had a laptop for use at home, so they could see blood reports and patient attendances at out of hour centres on the same day. The reports were actioned as normal, or where a result was abnormal, a patient was invited to attend for an appointment. If a dose adjustment for a medicine was required, the GP could action this at the same time by accessing the patient notes. The practice was working on using a text message service to alert the patient when such adjustments to their medicines were made.

- The practice shared relevant information with other services in a timely way. For example, staff worked together with a local care co-ordinator to understand and meet the complexity and range of people's needs and to assess and plan ongoing care and treatment. We spoke with the care co-ordinator during our inspection; they explained that the practice was very proactive in attending multidisciplinary team meetings and the Gold Standard Framework (GSF) meetings. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling all clinical staff to provide a gold standard of care for people nearing the end of life. Performance for palliative care related indicators showed that the practice had achieved 100% of all their points, which was 0.8% above the CCG average, and 2.4% above the national average.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2015.
- When providing care and treatment for children and young people, staff carried out assessments of capacity and 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.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice appointed an administrator as the lead individual to identify patients who may be in need of extra support.

- The practice had recently started a social prescription service offered to those individuals identified as being lonely or isolated. This gave details of local groups and other social opportunities in the area.
- GP's and nurses believed that patients should take responsibility for their health and have encouraged the use of web links that they share with patients, in patient information leaflets. For example, we saw evidence of a web link in the designated health promotion folder, available in the waiting area that showed a demonstration of the correct inhaler technique to improve the management of asthma.
- We saw further evidence of 50 books, which the practice had purchased on health promotion that patients could borrow from the practice. Subjects included; how to manage migraine headaches. The practice was instigating a special patient education room designated for health promotion sessions in the future.

The practice had a robust system for ensuring results were received for every sample sent as part of the cervical screening programme. We saw evidence that the practice nurse performed an audit of cervical screen tests in order to improve her practice and outcomes for patients. However, the practice's uptake for the cervical screening programme was 73.7%, which was lower than the CCG average of 81.4% and comparable to the national average of 74.3%. There was a practice policy to encourage attendance for cervical screening, which involved making telephone calls to the patients and writing them letters. We asked the practice nurse why the uptake was low and she explained that she had great difficulty in getting patients to attend their appointments. The GPs told us they thought the low uptake might be due to not knowing what to expect about how the procedure was carried out. Therefore, to address this they had provided a leaflet with a website link that demonstrated a cervical screen examination. The practice also encouraged its patients to

attend national screening programmes for bowel and breast cancer screening. The screening rates for bowel cancer were 49.7%, which was lower than the CCG average of 63.1% and lower than the national average of 58.3%. The GPs were aware that this was low and we saw evidence that they had sent letters out to their patients eligible for screening. These letters also signposted patients to the website link demonstrating the correct technique. GPs told us that since this link was uploaded the rates of uptake for screening had improved.

Childhood Immunisation and Vaccination rates

- The practice had 26 patients under the age of two eligible for immunisation and the practice had achieved 88.46% of the full immunisation programme. When we asked the GP, why this was the case we were told that one child appears to have moved out of area and one has had partial immunisation. The GP assured us that they were doing all they could to contact the family of the third child.
- Of the 49 two to five year olds eligible to receive vaccinations the practice had achieved 79.59% of the full immunisation programme. We do not have any comparative data for the CCG or national average.
- There were 611 patients under the age of 65 years eligible to receive a flu vaccine at the practice. Out of these 611 patients, 45.5% of patients received the vaccine. Twenty-eight patients informed the practice they had their flu vaccination at the local pharmacy and 5% of patients declined. Whilst we do not have the exact figures, we were told that these were below the CCG and national average. However, we did see evidence that the practice has had two Saturday morning clinics for flu vaccinations to try to improve uptake. We also saw evidence of an action plan submitted by the practice to the local CCG, which described the action; they were taking in order to achieve an enhanced uptake of both the flu and pneumococcal vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example, the health care assistant told us that if she found any individual with a consistently high blood pressure, she would refer them to the GP for further investigations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. For example, the practice secretary works in the main clinical area of the practice so that she can assist patients with the “choose and book” system directly after they had been referred by the GP on the same day.

We saw that patients were greeted formally and the door closed for each consultation by the nurse and both GP's. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- After a recent meeting of the patient participation group one of the members suggested that privacy at the reception area required improvement. We observed that there was now a privacy mat in front of the reception area and a notice displayed in reception reminding patients to keep their distance at the reception area to enhance privacy. From our observations of the reception area on the day, no patient conversation could be overheard.

Of the 26 patient CQC comment cards, we received 24 positive comments about the service experienced. Patients said they felt the practice offered a good service where they could get appointments to suit their needs, that the GP has always listened to them and did not rush their consultations and that reception staff were always polite, treating patients with dignity and respect. One negative comment suggested that the GP's were always running behind on their surgery with the other negative comment giving mixed reviews about the GP's listening to their needs.

We also spoke with one member of the patient participation group, which had five members. They told us that they were very satisfied with the care they received. They told us that the surgery was very proactive and listened to their patients. For example, patients had complained that it was very difficult to get through to the

surgery by telephone. The surgery responded by putting another telephone line in. We were advised that this had improved telephone access considerably. The practice also offered telephone triage in order to try to improve access.

Results from the national GP patient survey published in July 2015 highlighted that this practice was performing below average for some of the satisfaction scores on consultations with doctors and nurses. 446 surveys were sent out to patients and 108 surveys were sent back giving a completion rate of 24%.

- 96% of patients had confidence or trust in the last nurse they saw or spoke to as compared to the CCG average of 96% and national average of 97%.
- 78% of patients with a preferred GP usually got to see or speak to that as compared to the CCG average of 59% and national average of 60%.
- 61% of patients said the GP was good at listening to them as compared to the CCG average of 87% and national average of 89%
- 60% of patients said the GP gave them enough time as compared to the CCG average of 85% and national average of 87%
- 73% of patients said they had confidence and trust in the last GP they saw as compared to the CCG average of 93% and national average of 95%
- 55% of patients said the last GP they spoke to was good at treating them with care and concern as compared to the CCG average of 84% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern as compared to the CCG average of 91% and national average of 90%
- 80% of patients said they found the receptionists at the practice helpful as compared to the CCG average of 87% and national average of 87%

Care planning and involvement in decisions about care and treatment

The five patients we spoke to on the day told us that overall they felt involved in decisions regarding the care and treatment they received. Feedback from the comment cards also gave the same positive feedback.

Are services caring?

However, feedback from the GP patient survey published in July 2015 highlighted that this practice was performing below average for some of the satisfaction scores around patient involvement in decisions about their care:

- 54% of patients said the last GP they saw was good at explaining tests and treatments as compared to the CCG average 85% and national average of 86%
- 52% said the last GP they saw was good at involving them in decisions about their care as compared to the CCG average of 80% and national average of 81%.

This practice had a multi ethnic population whereby a good percentage of their patients do not have English as their first language. Staff told us that translation services were available for patients who did not have English as a first language.

The practice had a hearing loop system for patients with hearing impairments. We saw that this was working effectively and it was portable which enabled the service to be used in consultation rooms.

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. These included, services for an alcohol support group, smoking cessation, bowel and breast screening. There was also a service for self-referral to a local physiotherapist and advice given on the importance of immunisations and vaccinations, in an attempt to encourage uptake. There was a folder from Medicine Chest, which gave patients details on how to manage minor illness such as coughs and colds and provided details of how to administer first aid. The practice did not have an official carers register but we did see evidence of a carers protocol dated January 2015. This provided the administrator who took the lead for carers in the practice, with details of how to code the individual as a carer on the practice computer system and how to signpost carers to local services which would meet their individual needs. We saw evidence of a carer audit dated August 2015, which identified that the practice had 14 carers recently contacted by telephone to discuss their ongoing needs.

Staff told us that if a patient suffered bereavement they were contacted by the practice in order to provide the support and care tailored to suit individual family needs.

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 local patient participation group (PPG). We saw how the PPG had worked with the practice to improve access for older patients and for patients with mobility difficulties. For example, the practice had purchased two higher chairs for the waiting room in order to improve access for these patients.

- The practice offered extended hours on either a Tuesday morning from 6.45am to 8.00am or a Tuesday evening from 6.45pm to 8pm. This was dependent upon which GP was available
- There were longer appointments available for people with a learning disability and for those with long term conditions and we saw evidence of this on the practice computer system.
- Home visits were available for children or adults who were too ill to attend the surgery
- There were disabled facilities, hearing loop and translation services available.
- The practice had many colourful posters in the reception area designed to educate patients of when it was appropriate to attend accident and emergency. A&E admissions data in 2014/15 highlighted that the practice was performing well in this area with a reduction in A&E attendance.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and from 8am to 12.30pm on Thursdays. Appointments were from 8am to 6.30pm from Monday to Friday and from 8.00am to 12.30pm on a Thursday. Extended hours surgeries were offered at the following times on 6.45am to 8am on a Tuesday morning or 6.45pm to 8pm on a Tuesday evening depending upon the GP who was on duty. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they

could access care and treatment was comparable to local and national averages. We had positive feedback from all 26-comment cards and people told us on the day that they were able to get appointments when they needed them.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 75%
- 78% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%
- 63% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The business manager was responsible for managing the complaints received by the practice.
- We saw that information was available to help patients understand the complaints system for example; details of how to complain were readily available on the website. There was a complaints leaflet available in reception available upon request.

We reviewed six complaints received at the practice within the last 12 months. From these complaints and our discussions with the business manager, we saw evidence that all complaints were dealt with immediately and handled in line with the practices policy. For example, we saw how the practice had responded to a complaint relating to an emergency patient appointment. The information highlighted that appropriate actions were taken because of the complaint and that the practice demonstrated openness and transparency when dealing with the complaint. Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and we saw evidence of this displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans that reflected the vision and values, which were regularly monitored. The practice had plans for future expansion and we saw evidence that they were actively seeking to employ another GP. The practice also had plans to employ an Advanced Nurse Practitioner in the future who would be able to share the GP workload by seeing and treating patients with minor illness.
- The practice actively engaged with other practices in the Bulwell area to share good practice
- The GPs were members of the Family Doctors Association, British International Doctors Association and Deprived Doctors Association. The GPs attended at least three evening meetings a month where there are lectures from hospital consultants and an opportunity to meet other doctors from Nottingham to exchange ideas.
- The practice also engages regularly with the CCG who are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.
- The practice also engaged with the LMC. LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.

Governance arrangements

The practice demonstrated that they had a good governance framework in place

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities

- The practice had a comprehensive range of policies on the shared drive, we reviewed ten policies and these were comprehensive in date and available to all members of staff.
- There was evidence of audit internal audit that was being used to monitor the quality and make improvements. However, we only saw one complete audit cycle out of six audits carried out through the year 2014/15. The audits themselves were basic and required some attention to detail, particularly as to the methods used to carry them out.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

We spoke with ten staff members. Staff told us that the partners were always visible, approachable and always took time to listen to all members of staff. Staff also told us that they felt they were valued and supported and could raise any concerns or issues at team meetings.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG, which met on a quarterly basis. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw meeting minutes from May 2015 where the PPG were requesting that the practice introduce or implement an online prescription service. We have seen evidence on the patient website accessed in November 2015 that this service is now up and running.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. GPs engaged with the local CCG groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. The practices engaged with the LMC LMCs are local

representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.

The GPs also attended meetings with practices in the local area with a view to potential collaboration should the primary care services be up and running seven days a week.