

Southwell Medical Centre

Quality Report

The Ropewalk
Southwell
Nottinghamshire
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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 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 25 February 2015 – Good).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Southwell Medical Centre on 13 December 2017 as part of our inspection programme.

At this inspection we found:

- Some of the systems in place to support the appropriate and safe handling of medicines required review and improvement.
- Significant events and incidents were appropriately identified, recorded and acted on. When any incidents happened, the practice learned from them, improved their processes and ensured staff relevant information was shared with staff.
- There was a consistent approach to quality and improvement within the practice, which brought about positive changes. This included using audits to help drive improvement and evidence of reflective learning as a result of these.
- End of life care was delivered in a coordinated way with detailed care plans in place to describe the needs and care arrangements for each of these patients and help ensure that their wishes were respected.
- The practice supported a nearby university campus and were very proactive in this. They encouraged new students to register as patients and liaised with the university student support team to ensure that they were aware of any particular health issues for this patient group.
- Patients felt staff were very professional, helpful and caring and could access appointments or other support from the practice when they needed to.

Summary of findings

- Results from the latest national GP patient survey showed that the practice was in line with local and national averages across all questions about patient experience.
- There was strong clinical leadership which impacted positively upon the quality of the service.
- Staff throughout the practice felt well supported and able to raise any concerns. They had confidence that any worries they had would be listened to and acted on.
- The views and concerns of patients and staff were encouraged, heard and acted on to help improve services
- The practice had an active, well organised patient participation group (PPG) which played a key role in representing the views of patients and helping to improve the services offered by the practice.

The areas of practice where the provider should make improvement are;

- Implement the practice recruitment policy reliably so that all appropriate checks are completed when staff are recruited.
- Review arrangements for the receipt and review of all safety alerts to be able to demonstrate appropriate action is taken to protect patients from risk.
- Consider how to best support a greater proportion of patients with a learning disability to access an annual review of their health needs.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Southwell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

The practice is registered with the Care Quality Commission to provide services at The Ropewalk, Southwell, Nottinghamshire NG25 0AL which we visited to carry out our inspection. The practice provides a dispensing service for registered patients who live more than one mile (1.6km) from their nearest pharmacy.

The overall practice population is similar to local CCG averages, although with a greater number of patients in the age ranges above 65 years and low levels of deprivation.

Background to Southwell Medical Centre

Southwell Medical Centre provides primary medical services to approximately 12,152 patients. The practice has a website giving information about the services it provides; www.southwellmedicalcentre.co.uk

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had identified they were not always following their own recruitment policy as there was some lack of consistency in the number of written references obtained for new recruits. The practice had taken action in response to this by completing risk assessments where there were gaps in the numbers of references in staff records and were committed to strengthening their processes for future appointments.
- There were records in place to confirm that staff had been immunised to protect their health, including immunisation for Hepatitis B.
- The practice had systems to safeguard children and vulnerable adults from abuse, including GPs with lead areas of responsibility for the safeguarding of children and adults. Policies were in place which were regularly reviewed and accessible to all staff. Staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice added alerts to patient records to identify vulnerable patients and those at risk due to safeguarding concerns.
- Clinical staff acted as chaperones and were trained for the role and had received a DBS check. Staff we spoke with demonstrated to us their understanding of the role and their responsibilities.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. This included regular liaison with social care staff and participation in multi-disciplinary and safeguarding meetings.
- There were arrangements in place to manage infection prevention and control and a practice nurse was the designated lead for this. There was an appropriate infection prevention and control policy in place. This included cleaning all medical equipment at regular

intervals and staff participating in relevant training. Infection prevention and control audits were undertaken and demonstrated necessary action was taken to provide a safe environment for patients.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, regular testing was carried out to ensure electrical equipment was safe for use. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed and this was reviewed on an ongoing basis. For example, in response to changes in GP staffing the practice had recruited additional staff and also used GP locums, to ensure services could operate as usual.
- There was an effective induction system for temporary staff, including locum doctors, tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff had received training in these areas and an understanding of the steps to take in events such as telephone failure or fire. They had also received relevant training, including in anaphylaxis and CPR.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. They were familiar with up to date guidance about timely identification and treatment and used an electronic screening tool to assist diagnosis. There was also written information about sepsis on display in consulting rooms for easy reference.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters were well detailed and gave all of the necessary information. There were systems in place to ensure incoming correspondence, such as test results and discharge letters, were reviewed and actioned promptly.

Safe and appropriate use of medicines

The practice had systems to support the appropriate and safe handling of medicines, although some aspects required review and improvement.

- There were systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment. . The practice did not hold stock of one of the recommended emergency medicines and did not have a risk assessment in place to show that they had considered the possible risk of this. This was remedied during our inspection and, the practice obtained a supply of the medicine. The practice had a doctor's emergency bag available which contained appropriate items for use in a variety of emergency situations.
- Prescription stationery was kept securely and the practice monitored its use. This included keeping records to track internal distribution, and the rooms where prescription stationery was kept were locked when not in use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. The practice was working in line with local antibiotic guidance and had access to specialist advice when needed.
- Patients' health was monitored to ensure medicines were used safely and followed up on appropriately. There were arrangements for recall and follow up to ensure patients received invitations to and attended reviews, where appropriate.
- Arrangements for dispensing medicines at the practice kept patients safe. Dispensary staff showed us standard procedures which covered all aspects of the dispensing

process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.

- A bar code scanner was in use to check the dispensing process and dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example controlled drugs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. During our inspection we checked the stocks of controlled drugs and found records were accurate and all medicines accounted for. The practice carried out bi monthly audits of these medicines but the frequency of these checks needed would have benefitted from being risk assessed to confirm that they were in line with recognised guidance and took into account the dispensing frequency of these medicines. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong. The practice shared lessons learned, identified themes and took action to improve safety in the practice.
- Significant events and incidents were appropriately identified, recorded and acted on. This included implementing changes when necessary to minimise the risk of any future incidents. Significant events were discussed at staff meetings and learning was shared across the wider staff group. Where appropriate the issues were also discussed with patients. There was a follow up review of each event to ensure any actions had been implemented.
- Staff understood their duty to raise concerns and report incidents and near misses. Those we spoke with were

Are services safe?

aware of the reporting arrangements, including the use of a standard reporting template when appropriate, and the types of incidents they would report. They told us that they felt confident to raise any issues and managers supported them when they did so.

- The practice received a range of information on safety, including national safety alerts, NICE guidance and local area prescribing committee bulletins. When information of this type was received by the practice it was disseminated to clinical staff via email, and staff we spoke with confirmed this. We saw examples of alerts which had been responded to, including action taken in

response to an alert about blood testing strips. However, there was no formal system in place to confirm alerts and guidance had been received, reviewed and responded to consistently. During our inspection the practice took immediate action by reviewing details of all recent alerts, checking these against patient records, following up where appropriate and recording all these steps. The information the practice supplied during and immediately after this inspection confirmed the action they had taken was appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice offered annual flu vaccinations to older patients.
- Shingles and pneumonia vaccinations were available to eligible patients, and letters were sent to these patients to advise them of this.
- Home visits could be requested and all requests were triaged by a GP to ensure appropriate support was provided.

People with long-term conditions:

- There were recall systems in place to facilitate annual reviews for all patients with long-term conditions and to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received specific training

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the national target percentage of 90% or above.
- Contraceptive implants and intrauterine contraceptive device insertion services were provided.

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

- The practice's uptake for cervical screening was 84%, which was in line with the CCG average of 84% and above the 80% coverage target for the national screening programme. There were systems in place to follow up non-attenders and ensure appropriate recall for these checks.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 38 patients on the practice learning disability register and 13 of these had received a review of their health needs since April 2017. A named nurse was aware of the individual needs of these patients and whether a review was appropriate. During our inspection, we were advised that appointments were being arranged for the remainder of required reviews to take place before the end of March 2018.

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

- The practice reviewed the physical health needs of patients with poor mental health and this was reflected in indicators in this area. 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, which was 5% above the CCG average and 9% above the national average. Exception reporting rate for this indicator was 32%, which was 13% above the CCG average and 22% above the England average.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points

Are services effective?

(for example, treatment is effective)

available, which was 1% above the CCG average and 3% above the national average. The overall exception reporting rate was in line with local and national averages at 11%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) In the examples we reviewed we found exception reporting was appropriate.

The practice had a programme of quality improvement activity in place to help review the effectiveness and appropriateness of the care provided. The audits completed as part of this programme were clinically appropriate, responsive to the needs of patients and showed the practice had reflected on the learning and taken appropriate actions. When an audit identified gaps, action had been taken, this included calling patients in for reviews if necessary. Follow up audits were completed to assess the improvements achieved. An audit of cervical smear tests carried out identified an above average proportion of inadequate samples. As a result, additional training was provided to sample takers, the audit was repeated and showed a significant improvement in the quality of the samples taken. There was also a programme of audits for the dispensary, these included a recently completed audit covering patient satisfaction with the dispensary service. This resulted in changes in practice, for example improving patient confidentiality by using a private room to discuss medicines.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained and confirmed staff completed essential and supplementary training. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, and annual appraisals to set and review individual

goals, clinical supervision and support for revalidation. The practice had recently identified the benefits of including the Care Certificate in their training of healthcare assistants and had plans in place to progress this.

- All members of staff involved in dispensing medicines had received appropriate training and undertook continuing learning and development. Their competence was checked regularly by the lead GP for the dispensary.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- End of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Detailed care plans were put in place to describe the needs and care arrangements of patients who were nearing the end of their life. The practice worked to a locally agreed end of life care pathway, facilitating easier joint working with other agencies, and ensured that patients' end of life wishes were recorded and accessible to relevant professionals when needed.
- The practice had established good links with other agencies in the area who they worked with to help ensure patients received the support they needed. Some of these agencies, including specialist diabetic nurses and continence service, were based in the same building as the practice, facilitating easier communication and liaison across the services.

Helping patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Comments made by patients during our inspection confirmed they received appropriate, medical advice from GPs and were also signposted to other relevant sources of information.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice's detection rate for patients referred via the two week wait cancer pathway was in line with averages at 50% (2015/16 data), helping to improve early diagnosis for patients. (CCG average 52%, national average 50%.)

- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. For example, staff described how they would use alternative forms of communication, such as pictures, to help ensure patient involvement and understanding. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff had completed training in equality and diversity to support them to understand patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff used a private room if patients wanted to discuss sensitive issues or appeared distressed. During our inspection we observed reception staff spoke with patients discretely and were mindful of patient privacy.
- The practice's computer system alerted staff if a patient had additional communication needs, so staff could support them appropriately.
- The 38 Care Quality Commission comment cards we received were positive about the service experienced. Patients commented very positively and felt staff were very professional, helpful and caring. This was in line with other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 224 surveys were issued and 126 were returned. This represented about 1% of the practice population. Patients had rated the practice in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.

- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 99% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. There was information in the reception area and on the practice website informing patients this service was available. Staff we spoke with confirmed face to face interpreters and telephone interpreting services were used if required.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services where needed. They helped them ask questions about their care and treatment.
- Feedback we received from patients during our inspection confirmed that they felt involved and

Are services caring?

listened to when their health issues were being considered. They felt they received useful advice and were able to ask questions if they were unclear about anything.

The practice identified patients who were carers when they registered with the practice and during consultations with clinical staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 171 patients as carers (which was 1% of the practice list).

- There was information available in the reception area to signpost carers to local groups and support and the practice offered flu jabs to all carers.
- Following a bereavement the GP involved in the patient's care contacted the family to offer condolences and discuss any areas where support might be needed. The wider staff team were also made aware of any bereavement.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.

- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. This was reflected in the patient feedback we received on our completed comment cards. Patients commented that they staff treated them respectfully and were good at listening to them.
- Information about the practice chaperone policy was available to patients in the reception area and on the website.
- There was information available (on the practice website and in the reception area) to explain to patients how to access their medical records, how medical information might be shared and how they could control this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice offered appointments between 8am and 6pm to facilitate easier access for patients. There was a facility to book appointments and order repeat prescriptions online and the numbers of patients using this service had increased.
- There was a range of relevant information available in the reception areas, for example, cancer and dementia. Feedback during our inspection confirmed the information provided was useful to patients.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they promoted the use of local transport services to make it easier for people to attend the practice.
- Patients could use their preferred language when checking in for their appointment via the electronic system. The practice website also had the facility to interpret the content into a wide variety of languages, helping a people whose first language was not English access and understand the information more easily.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice provided reliable, regular support to patients living in nearby care homes. They were also responsive to any requests for additional visits or support and prioritised continuity of care, with regular, named GPs visiting.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Home visits were accommodated for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice liaised with local services, including the district nursing team, to discuss and manage the needs of patients with complex medical issues.
- The dispensary staff were able to offer weekly blister packs for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was robust.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice liaised with school nurses and health visitors to ensure children received appropriate support.
- All parents or guardians who had concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice supported a nearby university campus and over recent years staff from the practice had attended fresher's week. They used this opportunity to promote the practice to new students, encourage them to register as patients and therefore helping them to access GP support when needed.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice liaised with the university student support team were aware of the particular health care needs of their student patient group.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability. They were aware of patients who might be vulnerable for a range of reasons, including those living in rurally isolated areas.
- Patients living in temporary accommodation or visiting the area were able to register with the practice.
- Interpreting services were used to help ensure patients communication needs were met and that they could participate actively in their clinical consultations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. This included annual health checks to consider the overall health of each patient.
- The practice engaged with local mental health services, including social workers, support workers and community psychiatric nurses to help provide coordinated, appropriate care for these patients.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Feedback gathered during our inspection confirmed that the appointment system was easy to use and patients could access appointments when they needed to.

Results from the July 2017 annual national GP patient survey showed that patients were satisfied with how they could access care and treatment. 224 surveys were issued and 126 were returned. This represented about 1% of the practice population.

- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, which was above average satisfaction levels; CCG - 85%; national average - 84%.

Other indicators about how patients could access care and treatment were in line with local and national averages;

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 67% of patients who responded said they could get through easily to the practice by phone; CCG - 64%; national average - 71%.
- 87% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 67% of patients who responded described their experience of making an appointment as good; CCG - 68%; national average - 73%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG - 63%; national average - 64%.

These satisfaction levels were supported by observations on the day of inspection and completed comment cards.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff we spoke with explained how they would try to resolve any patients concerns themselves, if they could, but would escalate concerns to senior staff, when appropriate. When necessary they gave verbal and or written information to patients about how to complain.
- The complaint policy and procedures were in line with recognised guidance and showed how complaints were to be handled and the timescales for this. A log was kept

Are services responsive to people's needs? (for example, to feedback?)

of all complaints received to facilitate easy review and progress monitoring. Fourteen complaints had been received in the last 12 months and those we reviewed had been responded to in a timely and satisfactory way. Responses included detailed explanations and, where appropriate, an apology.

The practice reviewed the information from individual concerns and complaints and took this into account.

Are services well-led?

Good 

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

Our findings

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

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges that their practice faced and were proactive in addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff felt they had a positive relationship with their managers and senior staff in the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the role of the practice manager had recently been reviewed and additional resources recruited to support the use of information technology in the practice.

Vision and strategy

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

- The practice leaders articulated their ambition to provide high quality healthcare for their patients. Our findings on inspection demonstrated that staff across the organisation shared these values and they felt they made a positive contribution to achieving the overall aims of the service.
- The practice had a clear strategy and supporting business plans which were in line with local health priorities and the needs of the patient population. Progress was reviewed on a regular basis, including during practice meetings.

Culture

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

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Complaints were responded to in a comprehensive and timely way with action taken to resolve any concerns.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. When appropriate the practice apologised to patients, for example, if the practice had made an error or if a patient's complaint was upheld.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They found their managers to be approachable and were confident any issues they raised would be addressed. Staff also reported that there were good professional relationships between colleagues, with mutual respect and a good rapport which helped them to work together effectively.
- Staff also told us that they felt valued and respected. They received the support they needed to help them do their jobs well and there were processes in place to help them to develop in their roles. This included annual appraisal and a focus on individual goals and learning objectives. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were given protected time for professional development and evaluation of their clinical work.
- The practice promoted equality and diversity for patients and staff. There were policies in place which outlined their commitment and expectations. Staff had received equality and diversity training and they felt they were treated equally.

Governance arrangements

The structures, processes and systems in place were not always working reliably to support good governance and management. During our inspection we found two systems which needed strengthening to help protect patients from risk.

- The practice had not been adhering fully to their own recruitment policy and their own audit had identified deficits in the completion of some recruitment checks.

Are services well-led?

Good 

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

- There was no system to confirm the receipt and review of all patient safety alerts or to evidence appropriate action had been taken to protect patients from risk.

There were some areas which were working more effectively to support the governance and management of the practice.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Senior staff were allocated with lead areas of responsibility and the wider staff team knew who to contact when necessary.
- There was a structure of regular meetings across the practice so that information was communicated consistently and appropriately to all staff. Staff confirmed to us that they found these meetings valuable and relevant to their roles.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which sets out quality standards, including levels of staff training, and rewards practices for providing high quality services to patients of their dispensary.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice carried out regular checks on the safety of the environment.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints.
- The practice were proactive in using clinical audits to achieve a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance and the views of patients were taken into account. For example, the practice had used information from their national GP patient survey to review the way patients accessed appointments.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Management meetings included discussion about Quality Outcomes Framework (QOF) performance and learning from significant events.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw examples of how the practice had responded and implemented changes. Staff had made suggestions about how to improve the system for patients booking 'same day' afternoon appointments. The suggestions had been considered and as a result arrangements were changed, which brought about an improvement in the way these appointments were managed. The practice had also taken action in response to feedback from clinical staff about on call arrangements. Again, the

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comments were considered and subsequently the on call arrangements were revised, achieving improvements for staff on call by reducing the length of on call sessions.

- As well as making use of national survey data the practice collected feedback directly from their patient participation group (PPG) and individual patients and used this to improve the service they offered. They did this through PPG meetings, patient comments, and separate suggestion boxes for patients and for staff, and their review of complaints and other incidents. The practice also shared with staff details of positive comments and compliments received.
- The PPG met four times each year and arranged their meetings at different times of the day to encourage attendance. The group were involved in the local community and had a detailed understanding of the range of community support and services available in the area. They were well supported by the practice and described a strong connection with the leaders of the practice. The PPG felt they were kept up to date about the pressures the practice was facing and any changes that were being considered.
- Action had been taken to encourage a wider representation of patients to participate in the PPG and they had recently secured regular representation from the nearby university campus. A patient who had recently attended their first PPG meeting described this as welcoming, informative and worthwhile attending.
- The practice had involved the PPG in considering how to reduce the numbers of patients not attending for appointments. The PPG had worked with the practice to consider how to improve this and, as a result, text reminders for appointments had been introduced. Early indications were this was achieving a reduction in the numbers of patients not attending. The PPG were playing a role in monitoring this by receiving and reviewing monthly updates on these numbers and made this information available to patients on the PPG noticeboard in reception.
- The PPG also helped to ensure the views and interests of patients were represented in wider forums. They did this by participating in a wide range of stakeholder engagement meetings and events, including a subcommittee of the local CCG. As well as participating

in these meetings the PPG were active in ensuring the view of patients from Southwell Medical Centre were taken into account. For example, they had recently supported over 100 patients to complete patient survey questionnaires for the CCG. The PPG was also an active member of the National Association for Patient Participation, which is an organisation aimed at supporting PPGs and effective patient involvement.

- The practice kept patients up to date with news through the practice website and information made available in the reception area. For example, the website included information about the practice being a training practice, notes of PPG meetings and a link to the most recent CQC report.
- Information about the CQC rating of the service was easily available to patients as it was displayed in the main entrance area and published on the practice website.
- The practice supported charities by fundraising and awareness raising. This included promotional information in reception, cake sales and raffles. They had been very proactive following an earthquake in Nepal in 2015 when one of the GPs travelled to Nepal to provide medical support and the practice led a local initiative to raise money for the disaster relief fund. This had been very well supported by the whole community and raised a significant amount of money for the relief fund.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. Systems were in place to ensure staff across the organisation completed essential training and also had opportunities for further training to develop their skills and enhance the service provided.
- The surgery was accredited as a GP training practice and accommodated placements for GP registrars and medical students. This facilitated an environment of continuous learning and contributed to the practice's quality agenda. The practice were very positive about the benefits this brought and were planning to expand

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their involvement in the GP training programme further. The trainee we spoke with felt well supported by staff at the practice and valued the experience they were gaining during their placement.

- One of the GP partners was Program Director of the Nottinghamshire GP Specialist Training Program.