

Parkside Medical Practice

Quality Report

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Date of inspection visit: 1 June 2016
Date of publication: 31/08/2016

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 Parkside Medical Practice on 1 June 2016. Overall the practice is rated as good.

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

- The practice demonstrated an open and transparent approach to safety. There were robust systems in place to enable staff to report and record significant events. Learning from significant events was shared widely.
- Risks to patients were assessed and well managed. There were arrangements in place to review risks on an ongoing basis to ensure patients and staff were kept safe.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training had been provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- There was a demonstrated understanding of performance within the practice. Systems were in place to support staff in undertaking regular clinical audits. Clinical audits were relevant and showed improvements in the quality of care provided to patients.
- Feedback from patients was that they were treated with kindness, dignity and respect and were involved in decisions about their care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from patients through the use of survey which could be completed via mobile phone. Feedback was used to make improvements in the delivery of service.
- Patients said they could generally get an urgent appointment when they needed one but that it could be difficult to get through the practice by telephone. Patients also said that it was difficult to book appointments in advance.

Summary of findings

- There were systems in place to monitor demand for appointments and the practice continually sought to improve access for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients with a disability.
- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the partners and management.
- The practice had developed effective working relationships with their patient participation group (PPG) and acted on their suggestions for improvement.
- There was a clear mission statement which had been co-authored by staff and patients. The mission statement was supported by clear business plans which were regularly reviewed and monitored.
- All staff had been involved in setting 12 month and five year goals for the practice which were used to develop objectives.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The leadership team within the practice had worked with their staff and patients (through the patient participation group) to co-author their mission statement. This contributed to a high level of engagement from staff and patients to a shared set of values which underpinned the work being done by the practice.

There were areas where the provider should make improvements:

- The provider should continue to review their appointments system to improve access to routine/pre-bookable appointments.
- Ensure all required pre-employment checks are undertaken prior to new members of staff starting or undertake a documented assessment of the risk of not doing so.

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



- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and shared with staff and stakeholders to ensure action was taken to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse.
- Appropriate checks had been undertaken for members of staff employed by the practice. Some checks had not been undertaken prior to staff starting with the practice; however, this had been identified and addressed appropriately.
- Risks to patients were assessed and well managed across the practice. The practice was situated in managed premises and the practice manager met regularly with the building management to ensure continued oversight of health and safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Guidelines were discussed at weekly nursing and clinical meeting.
- Clinical audits were undertaken within the practice and demonstrated improvement in the quality of clinical care. For example an audit regarding the use of management plans in patients with asthma had significantly increased the number of patients with documented management plans in place.
- Data showed that the practice was performing well when compared to other practices.
- Screening rates for cervical cancer, breast cancer and bowel cancer were in line with local and national averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. In addition to monthly multidisciplinary meetings, the practice held weekly clinical meetings where they discussed vulnerable patients to ensure continued oversight and monitoring.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed some areas of positive performance. For example 93% of patients said the last nurse they saw was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- However, there were areas where performance in the GP patient survey was below local and national averages. The practice was aware of areas of poorer performance and was working to improve patient perception of the practice.
- All of the 35 completed comment cards received as part of the inspection were positive about the care provided by the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. In addition we saw evidence of staff going the extra mile to meet the needs of patients; including dropping off prescriptions at home and helping patients to find local courses to reduce their social isolation.
- Feedback from care homes covered by the practice was positive about interaction with their patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the local population and delivered services to meet their needs. For example, the practice offered a phlebotomy service for housebound patients in conjunction with a neighbouring practice.
- Extended hours appointments were offered four days a week from 6.30pm to 7.30pm to facilitate access for working patients.

Summary of findings

- A range of services were offered by the practice to avoid patients having to travel including minor surgery and joint injections.
- Patients said they were able make urgent appointments when required. However, some patients said it could be difficult to get through to the practice by telephone and that it was difficult to pre-book appointments. The practice was aware of issues related to accessing appointments with GPs had made a number of improvements with the aim of improving access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice's vision was supported by a mission statement which had been co-authored by staff and patients. The practice's mission and vision were reflected in their business plans which were regular reviewed and monitored.
- There was a clear leadership structure with senior staff having key areas of clinical and organisational responsibility. Staff felt very well supported by management and valued GP partner involvement in the appraisal process.
- Staff felt engaged in how the practice was run and all staff had been involved in setting 12 month and five year goals for the practice.
- Policies and procedures were in place to govern activity and the practice held regular partners' meetings to review governance.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners and the practice manager encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments were also provided for older people on request.
- The nursing team maintained a register of people who were housebound to facilitate long-term condition reviews at home.
- A phlebotomy service was provided by the practice for people who were housebound in conjunction with a neighbouring practice.
- Services were provided to a number of older people in nursing homes. Ward rounds were undertaken twice per month and patients reviewed twice a year.
- The practice had recently identified an older persons' champion to represent the interests of this group at practice meetings.

People with long term conditions

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

Good



- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for diabetes related indicators was 81.9% which was 2.8% above the CCG average and 7.3% below the national average. The exception reporting rate for diabetes indicators was 10.2% which was in line with the CCG average of 9.8% and the national average of 10.8%.
- Longer appointments and home visits were available when needed to facilitate access for these patients.
- All these patients had a named GP and were offered regular reviews to check their health and medicines needs were being met. Annual reviewed were undertaken in the month of the patient's birthday and patients were followed up if they did not respond.
- For patients with the most complex needs, the named GP worked with relevant health and social care professionals to

Summary of findings

deliver a multidisciplinary package of care. In addition to multidisciplinary meetings held on a monthly basis, the practice held weekly clinical meetings where vulnerable patients were discussed.

- Patients with asthma received personalised care plans.

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and staff were aware of who this was. We saw positive examples of joint working with midwives, health visitors and school nurses.
- Extended hours appointments were regularly offered from 6.30pm to 7.30pm to ensure appointments were available outside of school hours.
- Vaccination rates for childhood immunisations were generally in line local averages.
- The premises were suitable for families, children and young people. The practice was situated in a development which housed other local services including the library, a café and council housing services.
- Young people's health clinics were offered by the practice.
- The practice had recently appointed a member of staff as a champion for young people to aim to represent their views and interests at meetings.

Good



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 offered services which were accessible and flexible. For example extended hours appointments were offered most days from 6.30pm to 7.30pm to facilitate access for working patients.
- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group. Uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were in line with local and national averages.

Good



Summary of findings

- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.
- Text messaging was used to confirm appointments and recall patients for blood test results. The practice also used text messaging to request feedback about services.

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 maintained a register of patients who were housebound.
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations.
- Translation services were provided where these were required and information was available in a range of languages.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. In addition to multidisciplinary meetings held on a monthly basis, the practice held clinical meetings on a weekly basis to ensure they maintained oversight of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Safeguarding concerns were regularly discussed at the weekly multidisciplinary meetings.
- The practice had undergone domestic violence training and information related to this was available in the waiting area.
- The practice had a dedicated carers champion who worked to increase the number of carers identified by the practice and signpost them to relevant services.

Good



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).

- Performance for mental health related indicators was 83.2% which was 5.5% below the CCG average and 9.6% below the national average. The exception reporting rate for mental health related indicators was 4.6% which was below the CCG average of 10.5% and above the national average of 11.1%.

Good



Summary of findings

- 76.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7% below the CCG average and 7.1% below the national average. This exception reporting rate for this indicator was 4.4% which was below the CCG average of 8.5% and the national average of 8.3%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey results published in January 2016. A total of 308 survey forms were distributed and 110 were returned. This represented a response rate of 36%.

The results showed the practice was performing below local and national average in a number of areas. For example:

- 29% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 53% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 61% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 79%.

However, there were areas where the practice performance was in line with or above average. For example:

- 93% of patients said the last nurse they saw was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- 91% of patients said the last appointment they got was convenient compared with the CCG average of 93% and the national average of 92%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 completed comment cards which were all positive about the standard of care received. Patients praised the caring attitude of clinical and non-clinical staff and highlighted examples of care they had received. Eight comments cards identified that it could be difficult to access appointments at the practice.

We spoke with 11 patients during the inspection. The majority of the patients we spoke with were happy with the standard of care and treatment they had received. They described staff as friendly, caring and dedicated. A number of patients we spoke with told us it could be difficult to get through to the practice by telephone and that it could be difficult to access appointments at a convenient time.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should continue to review their appointments system to improve access to routine/pre-bookable appointments.
- Ensure all required pre-employment checks are undertaken prior to new members of staff starting or undertake a documented assessment of the risk of not doing so.

Outstanding practice

- The leadership team within the practice had worked with their staff and patients (through the patient participation group) to co-author their mission statement. This contributed to a high level of engagement from staff and patients to a shared set of values which underpinned the work being done by the practice.

Parkside Medical Practice

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, a practice nurse specialist adviser and an Expert by Experience. (An Expert by Experience is someone with experience of using services).

Background to Parkside Medical Practice

Parkside Medical Practice provides primary medical services to approximately 6780 patients through a general medical services contract (GMS).

The practice is located in purpose built premises close to Nottingham city centre. The practice occupies an area of the first floor of a community building which also provides local residents with access to council services including housing and library services. There is a café on the ground floor and the practice is accessible by a lift. Various community health services are also provided from this location in addition to another GP practice. The complex has car parking, parking for the disabled and is accessible by public transport.

The level of deprivation within the practice population is significantly above the national average with the practice population falling into the most deprived decile. Income deprivation affecting children and older people is above the national average.

The clinical team comprises four GP partners (two male, two female), one GP associate (male) one nurse

practitioner, two practice nurses and one healthcare assistant. The clinical team is supported by a full time practice manager and a team of reception and administrative staff.

The practice opens from 8am to 7.30pm Monday to Friday with the exception of Thursday when practice closes at 12.30pm. Consulting times vary but are generally from 9am to 12pm each morning and from 2.30pm to 6.30pm each afternoon. Extended hours appointments are offered four days per week from 6.30pm to 7.30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example 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

The practice had systems in place to ensure significant events could be effectively reported, recorded and monitored.

- Reporting forms were available on the practice's computer systems which staff completed in response to incidents. Staff told us incidents would also be reported to the practice manager. Significant events were investigated and discussed at the most appropriate meeting; either a clinical meeting or a whole staff team meeting. Arrangements were made to discuss urgent incidents as required.
- Learning from significant events was shared with all staff as appropriate and led to changes in processes to prevent the same thing from happening again. For example following a delay in a patient being referred and significant event analysis was undertaken. This identified a number of factors which had contributed to the referral not being made and implemented improvements to prevent the same thing from happening again. A new referral protocol was introduced which enabled referrals to be tracked until they were completed. The affected patient received an immediate apology from the practice and was told about the improvements made. Learning was shared with all staff at a whole practice meeting.
- Where patients were affected by incidents patients were provided with support and explanations regarding what had happened. Patients were provided with apologies verbally or in writing as appropriate. We saw that the practice offered to meet with affected patients to discuss incidents face to face.
- Significant events were reviewed on an ongoing basis to ensure themes or trends were identified. This ensured that learning which had been identified had been embedded.

Processes were in place to ensure safety alerts and alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were disseminated within the practice and we saw evidence that appropriate action was taken.

Overview of safety systems and processes

Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. There was a lead GP for child and adult safeguarding. Children at risk were discussed at regular meetings with community based staff including health visitors. GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level (level 3).
- Notices were displayed in the waiting area to inform patients they could request a chaperone if required. All staff who acted as chaperones had received face to face training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy and patients were positive about the level of cleanliness within the practice. We saw evidence that appropriate cleaning arrangements were in place with cleaning arranged by the management company for the building. The practice manager held regular meetings with the building management to address any issues identified with cleaning. Regular infection control audits were undertaken and action taken to address any identified issues. Staff were provided with infection control training at a level relevant to their role.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place to handle repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management teams, to

Are services safe?

ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate checks had been undertaken for members of staff employed by the practice. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Some checks had not been undertaken prior to staff starting with the practice; however, this had been identified and addressed appropriately.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to monitor and manage risk to patients and staff safety. A health and safety policy was in place and there was a poster displayed in the reception office area. Aspects of health and safety related to the building were managed by the management company and the practice manager met with them quarterly to ensure continual review and oversight of health and safety arrangements. Up to date fire risk assessments were in place and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Other risk assessments were in place to monitor the safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Rotas and staffing levels were reviewed on an ongoing basis to ensure there was adequate cover in place. A number of reception and administrative staff worked on a part time basis and could provide cover for colleagues when they were off due to annual leave or sickness. GP rotas were reviewed on a monthly basis at the partners' meeting to ensure there was adequate cover in place. Due to a number of the GP partners working part time there was some capacity to provide cover for colleagues internally. Locums were used when required.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to enable them to respond to emergencies or major incidents. These included:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency equipment was available in a dedicated resuscitation room. Emergency equipment included a defibrillator and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies of the plan were held off site and included contract details for key suppliers. The plan also included emergency contact numbers for staff and a communication cascade plan which detailed who would notify which members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Records showed relevant updates to these were discussed in clinical meetings.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines. Learning from training was shared with colleagues.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 95.5% of the total number of points available. This was 4.1% above the clinical commissioning group (CCG) average and 0.8% above the national average.

The practice had an overall exception reporting rate within QOF of 9% which was 0.1% below the CCG average and 0.2% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 81.9% which was 2.8% above the CCG average and 7.3% below the national average. The exception reporting rate for diabetes indicators was 10.2% which was in line with the CCG average of 9.8% and the national average of 10.8%.

- Performance for indicators related to hypertension was 100% which was 2.6% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 2.4% which was below the CCG average of 3.7% and the national average of 3.8%.
- Performance for mental health related indicators was 83.2% which was 5.5% below the CCG average and 9.6% below the national average. The exception reporting rate for mental health related indicators was 4.6% which was below the CCG average of 10.5% and above the national average of 11.1%.
- 76.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 7% below the CCG average and 7.1% below the national average. This exception reporting rate for this indicator was 4.4% which was below the CCG average of 8.5% and the national average of 8.3%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years. These were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of the use of care plans for patients with asthma. An initial audit was undertaken which demonstrated that care plans were not being routinely completed to aid the management of asthma. A teaching session for GPs and nurses was arranged regarding asthma management and asthma management plans. A new template was also introduced. Re-audit demonstrated that 86% of patients in the same time period the following year had management plans in place.
- The practice participated in local audits and benchmarking, peer review and research. For example, the practice had undertaken a peer review related to suicides with another local practice.
- In the last two years the practice became an accredited research practice and was involved in six active research projects at the time of the inspection. For example the practice was participating in a study about prescribed asthma inhalers and whether or not these were really needed. Information was available for patients to inform them about the research.

Are services effective?

(for example, treatment is effective)

- Patients with long-term conditions were offered reviews in the month of their birthday and followed up if they did not attend. Patients attending for review were seen initially by a healthcare assistant who then coordinated blood tests and other appointments as required.

Effective staffing

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

- Newly appointed clinical and non-clinical staff were provided with role specific induction programmes. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. Information packs were provided for locums working within the practice.
- The practice ensured role-specific training and updates were provided for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical and nursing meetings.
- A system of appraisals and reviews of practice development needs ensured that the practice identified the learning needs of staff. In addition to internal training which was provided online and face to face, staff could access external training to enable them to cover the scope of their work and develop their role. Staff also had access to support through meetings, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received appraisals in the last 12 months. Most appraisals were undertaken by the practice manager and one of the GP partners. Staff were positive about the involvement of the GP partners in their appraisals and told us they were well supported to develop.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The nursing team at the practice had undertaken a nursing team review in April 2016. This focussed on the identification of the skills of each of the team members

and sought to highlight any gaps. The review identified goals and objectives for each member of the team including nurses becoming more directly involved with recall and a nurse undertaking a prescribing course. The team planned to review their progress against objectives in July 2016.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Arrangements were in place to effectively process incoming and outgoing correspondence. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice staff worked effectively with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with community health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by a range of health and social care professionals including social workers and district nurses.

Feedback from local care homes covered by the practice was extremely positive about the level and quality of engagement from practice staff.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and who were housebound. Patients were signposted to the relevant service. The practice provided information and contact details for local services which encouraged patients to self-refer to services such as podiatry, smoking cessation and alcohol support.
- Along with the neighbouring practice, the practice provided a housebound phlebotomy service for patients who required it.
- Patients could access physiotherapy services at the practice and appointments could be made directly without the need for a referral.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% and the national average of 82%. The practice reviewed patients who did not attend and offered telephone reminders. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of

abnormal results. There was information displayed on the practice website to encourage patients to attend for cervical cancer screening and links to videos about screening in eight different languages.

Patients were encouraged to attend national screening programmes for bowel and breast cancer. The uptake rate for bowel cancer screening was 53.3% which was comparable to the CCG average of 53.8%; the uptake rate for breast cancer screening was 75.5% which was above the CCG average of 70.4%.

Childhood immunisation rates for most of the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the most vaccinations given to under two year olds ranged from 93% to 96% compared to the CCG average of 91% to 96%. However, the immunisation rate for the MMR vaccine in under two year olds was 78% which was below the CCG average of 91%. For five year olds immunisation rates ranged from 89% to 100% compared to the CCG average of 92% to 95%. Systems were in place to follow up children who did not attend for immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

All of the 35 completed comment cards we received were positive about the level of care experienced at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG) and 11 patients. They were generally satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Comment cards singled out a number of clinical staff for individual praise in respect of the caring and compassion they had displayed.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. Practice results were variable in respect of interactions with practice staff. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The partners and the practice manager were aware of the areas highlighted as being below local and national average within the GP patient survey. The results of the survey had been analysed by the practice and compared with other practices in the local area. A number of contributing factors had been identified by the practice and actions implemented to drive improvement. For example, the practice had identified that a contributing factor to the results was elevated stress and workload levels within the medical team. As a result, the practice had developed a workforce development plan which aimed to reduce the number of GP sessions being worked by individual GPs to reduce stress and pressure. The practice acknowledged that there could be training needs in these areas within the practice team; training in customer care for reception staff was scheduled for June 2016 and training in the management of patient expectations had been undertaken in May 2016. The practice partners were considering training in communication/consultation skills as part of their personal development plans.

The practice told us they believed they were in an improvement phase and felt it could take some time for patient perception to change. In order to ensure they monitored patient feedback on an ongoing basis the practice had introduced new methods of gathering patient feedback to ensure they gathered as much feedback as possible. This included sending text messages to patients requesting feedback after each consultation. This enabled the practice to quickly identify and respond to emerging themes and trends.

We saw positive examples of staff going out of their way to provide assistance to patients. For example, one patient who suffered from a mental health condition was identified by a practice nurse as being socially isolated. In response to this the practice nurse did some research based on the patient's interests and identified a local cake decorating course which the patient subsequently attended.

Are services caring?

We spoke with staff from three of the care homes covered by the practice. Feedback was positive from staff about the level of engagement and quality of interaction practice staff displayed. We were told that staff were very caring and treated patients with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and most said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

Results from the national GP patient survey showed the majority of 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. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of national average of 85%.

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

- Although most patients spoke English, translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations including mental health and bereavement support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. A total of 81 patients had been identified as carers which was equivalent to 1.2% of the practice list. The practice was working to increase the number of carers it identified and had displayed information in the waiting area which invited carers to make themselves known to staff. In addition the practice was working with a local carers' charity and had plans for displays and events to be held during carers' week. Written information was available to direct carers to the various avenues of support available to them.

In addition to having identified a carers' champion within the staff team; the practice had recently identified staff champions for the following population groups: older people, young people and mental health. The champions were tasked with developing links with local organisations and ensuring there was information available in the practice to meet the needs of these groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate. Patients were offered consultations or information on how to access support services as required. Recent training had been provided to all staff at an internal training session about what happens following the death of a patient. This covered a wide range of issues including the practicalities families deal with following the death of a relative. Staff told us this training had been invaluable in helping them to be able to support families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was situated in a large community development where patients could also access some community health services as well as local community services. For example, patients could access services such as the midwife. Other services provided included council housing services and a library. There was a café on the ground floor and a dedicated breastfeeding room for those who wished to use this.
- Extended hours services were offered to facilitate access for working patients four times a week. In response to feedback from patients the extended hours surgeries were run in the evenings rather than in the mornings.
- There were longer appointments available for patients with a learning disability. Staff had undertaken learning disability training in 2015 and information was provided in a format to suit the needs of patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A register of housebound patients was maintained by the practice and a home visiting phlebotomy service was offered.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Staff champions had recently been identified for different patient population groups to help the practice to consider the needs of a range of patients when implementing changes or planning new services.
- Quiet and private waiting areas were provided for patients who required them.
- There were facilities for the disabled including automatic doors, lifts, disabled access toilets and dedicated parking spaces. The reception desk had a lowered area for patients using wheelchairs.
- Translation services were available a member of staff could communicate with deaf patients using sign language.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Text message reminders were used to communicate with patients regarding action needed following blood test results.
- GPs undertook twice monthly ward rounds at their designated care/nursing homes as part of their care home enhanced service. In addition, the practice had provided care/nursing homes with a dedicated telephone number to ensure they were always able to speak to someone at the practice. Feedback from care homes covered by the practice was positive and highlighted the continuity of care they received.
- Minor surgery was offered by the practice to reduce the need for patients to travel to hospital.
- The practice was involved in the pilot for 'Physio First' which enabled local access for patients to see a physiotherapist without having to be referred by a doctor.

Access to the service

The practice opened from 8am to 7.30pm Monday to Friday with the exception of Thursday when they closed at 12.30pm. Consulting times varied but were generally from 9am to 12pm each morning and from 2.30pm to 6.30pm each afternoon. Extended hours appointments were offered four days per week from 6.30pm to 7.30pm. Most appointments were bookable on the day with some appointments being offered for booking up to a week in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed compared to local and national averages:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 29% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 91% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were generally able to get urgent appointments when they needed them. However, patients told us that it could be difficult to get through to the practice on the telephone and that it was difficult to get appointments in advance.

We saw evidence that the practice had undertaken work to try to improve access to appointments. Actions taken included:

- A telephone system fault was identified and the practice had been working with Nottinghamshire Health Informatics Service (NHIS) to address the issues patients were experiencing on trying to contact the practice. A representative from NHIS had come to speak to the practice's patient participation group (PPG) about the issues and the action that was being taken to resolve them.
- In an effort to improve access, the practice had taken part in a pilot of a new model of access coordinated by the CCG. This model of access trialled is known as Doctor First and is a demand led system which allows practice to manage patient demand by clinicians talking to all patients to enable assessment on a clinical priority basis. The practice had trialled this system for nine months and had not found it to be successful. The system had also generated an increase in patient complaints and negative feedback about access and had been destabilising for the practice.
- Since 2013 the practice had successfully recruited a new practice manager, two new partners and a salaried GP to provide stability and additional clinical sessions. The salaried GP was planning to leave the practice in the near future and the practice were considering the recruitment of an advanced nurse practitioner to ensure access was not affected. The practice had appointed a locum nurse practitioner to provide some sessions and to deal with minor ailments.
- The practice was proactive in seeking feedback from patients. For example, the practice used their computer system to send text messages to patients following appointments to help them identify areas for improvement. The text surveys focussed on a number of areas. For example, result up to March 2016 showed that 59% of patients were satisfied with the number of days they had to wait for an appointment. This feedback

helped the practice to analyse how their systems were working. The practice told us changes were made in response to feedback; for example more 'catch-up' slots were introduced in clinics in response to feedback.

- The number of appointments available to be booked online had recently been increased in response to patient feedback.
- These measures had not yet improved feedback from patients.

The practice had system in place to assess whether home visits were clinically necessary; and the urgency of the need for medical attention. This was operated by having an on-call doctor each day. Patients were either put through to them on the telephone or they were placed on a list for call backs to enable the GP to gather further information. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had systems in place to handle concerns and complaints. Their complaints policy and procedures reflected published guidance and the contractual obligations for GPs in England. The practice manager was the designated responsible person who handled complaints in the practice with support from a GP lead for complaints. Information was available to help patients help patients understand the complaints system.

The practice had received 34 verbal and written complaints between April 2015 and March 2016. We found that complaints were responded to promptly with the practice manager offering to meet with complainants where appropriate. The practice offered affected patients apologies, explanations and told them about action taken to prevent the same thing happening again. Lessons were learned from individual concerns and shared to ensure action was taken to improve the quality of care. Complaints were regularly discussed at the practice's clinical meeting and whole practice meetings. In addition, complaints specific to reception staff were discussed at reception team meetings.

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 their community.

- The practice had a mission statement which was displayed in the practice and shared with patients in the practice leaflet and on the website.
- The mission statement had been co-authored by patients and staff in May 2015 and reflected the aspects of care they considered important in meeting the needs of their patients.
- The practice's mission was underpinned by a statement of purpose which reflected the vision and values. This was supported by robust business plans; including a business development plan and a plan which set out the practice's plan for the next 12 months and goals for the next five years.
- A number of goals for a 12 month period had been agreed with staff in July 2015. For example, the practice aimed to achieve an improved rating on the NHS choices website. This has increased from one star to three stars.
- Key development areas identified in the practice improvement plan and the business development plan were delegated to lead members of staff and objectives identified. Progress against objectives was regularly reviewed and monitored.
- Objectives set by the practice were demonstrated to be both achievable and challenging. For example the practice had set an objective of becoming a training practice and was working towards this by taking medical students from this year.

Governance arrangements

The practice had a robust governance framework which worked to support the delivery of the improvement plans and supported staff to provide good care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had documented areas of responsibility for each of the partners and the practice manager which covered organisational areas, clinical areas and outside/special interest areas. This was supported by an organisational chart.

- Practice specific policies were implemented and were available to all staff. Policies could be accessed by all staff via the practice's intranet.
- A comprehensive understanding of the performance of the practice was maintained. The practice measured their clinical performance against other practices in their locality and nationally. The practice also regularly reviewed and acted on patient experience feedback.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. In addition to the management of health and safety risks, the practice maintained a comprehensive risk register which was used to support the practice manager and partners to identify, monitor and mitigate risks to the delivery of services to patients. Risks included areas such as access and staffing levels.
- Monthly meeting schedules were in place which included standing agenda items. For example there was a weekly partners' meeting with a standing agenda which changed each week. Areas such as significant events and complaints were discussed at each meetings with other areas such as finance and performance being discussed once every four weeks.

Leadership and culture

During the inspection the partners and the practice manager demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. In addition to partners' meetings and clinical meetings; nursing team meetings were also held weekly. Reception staff met once every four weeks and there was a monthly meeting for all practice staff which included a review of significant events and complaints.
- Leaders within the organisation were given formal leadership training and time to undertake their leadership tasks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice had a 'worry list' where any member of staff could record something that was worrying them and this would be discussed at the whole practice meeting.
- The partners and the practice manager held strategy days every year to two years away from the practice to enable them to effectively plan for the future.
- Staff said they felt respected, valued and supported, particularly by the partners and the manager in the practice. Staff reflected positively on the impact that the practice manager joining the organisation had had.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, there had been a nurse led improvement in respect of the service provided to patients with diabetes. Personal action plans had been developed by the nursing team to record agreed actions with patients.

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. The practice shared the results of the feedback on their website and through posters displayed in the waiting area. Information about what action they had taken in response to feedback was also displayed.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, as a result patient feedback the PPG had requested additional slots be made available for the booking of routine appointments online. The PPG had also been involved with highlighting the telephone access problems the practice was experiencing.
- Practice staff were passionate about gathering feedback from as many patients as possible and using this to continually improve the service they offered. For example, the practice sent text message with a link to a feedback form via their computer system to all patients the day after a consultation with the practice. The practice told us this 'near care' feedback enabled them to identify problems and respond rapidly. Findings were discussed at regular meetings. Paper copies of the forms were also available via reception.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. To aid effective communication appraisals were generally undertaken by the practice manager and one of the GP partners. Staff told us they felt this helped to build good relationships with the partners. Staff also told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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