Lime Tree Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lime Tree Surgery on 31 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- Feedback from patients about their care was consistently positive. Data from the GP survey was consistently high and this included confidence in care provided by GPs, nurses and the helpful approach of reception staff.
- The practice was responsive to concerns about high attendances at hospital by women experiencing complications in early pregnancy. They amended their pregnancy information packs to include advice on complications in early pregnancy and contacting their GP in the first instance. The result was a 50% reduction in hospital attendances by pregnant women.
- Patients were supported to live healthier by offering a weekly weighing clinic initiated by practice staff for weight loss management. Feedback from staff indicated they had achieved positive outcomes from attending the clinics by losing weight.
- There was evidence of planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe. There was a 21% reduction in admissions to hospital in patients identified as being at risk from June to August 2016.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- We found that complaints and identified issues were actively reviewed to ensure learning could be applied to improve patient experiences in the future.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. There was a strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the management.

We saw an area of outstanding practice:

- The practice was responsive to concerns about high attendances at hospital by women in early pregnancy for bleeding. They amended their pregnancy information packs to include a leaflet giving advice on complications in early pregnancy and contacting their GP in the first instance. The result was a 50% reduction in hospital attendances by pregnant women. The leaflet was subsequently shared with other practices in the CCG as an effective tool to assist in reducing hospital attendances for pregnant woman.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system in place for reporting and recording significant events.
- Lessons were shared at weekly team meetings to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were robust.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.
- The practice managed concerns about high attendances at hospital by women in early pregnancy by educating their patients on complications that could occur in early pregnancy. The result was a 50% reduction in hospital attendances by pregnant women.
- Data showed that the practice was performing consistently in line with local practices on the Quality and Outcomes Framework (QOF) . Patient outcomes for indicators such as heart failure and mental health were better than the local CCG averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There were regular multi-disciplinary meetings with community matrons, district nurses and care coordinators to discuss patients at risk of admission to hospital.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 86% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG and national average of 82%.
- 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.
- Views of external stakeholders were strongly positive and aligned with our findings.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said there was a considerable wait to make an appointment with a named GP. However, they found the unlimited urgent same day appointments helpful. The practice responded to the concerns by informing patients of the days when each GP was working, including when they were away on holiday, and encouraged use of the online appointments system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises. Patients were encouraged to self-refer to smoking cessation and psychotherapy services. Other clinics held in the practice included baby clinics and midwife clinics.
- 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 practice managers within the CCG where appropriate.

Summary of findings

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for the different staffing groups.
- The provider was aware of and complied with the requirements of the duty of candour. The practice 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. There was engagement with the patient participation group which looked at ways to improve patient experience.
- There was evidence of continuous improvement through a programme of clinical audits undertaken showing improvements in the management of patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice had a significantly high elderly population with approximately 17% aged over 65 years, compared to the CCG average of 11%. They offered proactive, personalised care to meet the needs of the older people in their population.
- Home visits and same day urgent appointments were available for those with enhanced needs.
- A falls and bone specialist nurse attended the practice regularly to help patients at risk of falls and/or those who have had falls by providing early support and avoid deterioration in their health.
- Staff told us they maintained good links with the local Age UK centre located close to the practice, which provided specialist support for the elderly and their carers. Posters on the service were available in the reception area.
- All patients aged over 75 years old had a named GP for continuity of care. Practice supplied data showed there were 281 patients aged over 75 years and 97% had a medicines review in 2015/16.
- Data from 2014/15 showed 66% of eligible patients aged over 65 years were given flu vaccinations, compared to the CCG average of 72%. Practice supplied data showed a total of 626 patients (71% of eligible patients) received flu vaccinations in 2015/16.
- There was a clinical room downstairs for patients who had difficulty climbing the stairs as there was no lift in the building. Staff told us elderly patients struggling to access the building could utilise the buzzer by the front door to obtain access, and the receptionists would assist them to enter the building.
- The practice provided hearing tests from their premises and a hearing loop system was available for patients with a hearing impairment.

People with long term conditions

Good

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

- Patients with long term conditions were invited for structured annual health reviews to check their health and medicines needs were being met, and they were seen more frequently if needed for monitoring. For those patients with the most

complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments were offered for the annual reviews and home visits were available when needed.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nursing staff had additional training in diabetes, asthma and chronic obstructive pulmonary disease (COPD) management.
- Patients with lung conditions were encouraged to attend a breathing exercises group held in the practice every first Tuesday of the month. There were approximately 20 patients who attended the support group, and carers, family and friends were welcome to attend. Practice supplied data showed there was a 20% reduction in admissions relating to lung disorders in 2016 compared to the previous year. QOF achievement for COPD was 100%, compared to the CCG average of 95% and national average of 96%. The exception reporting rate for COPD was 11%, compared to the CCG and national average of 12%.
- Additionally, the practice worked closely with specialist teams to support complex patients and deliver a multidisciplinary package of care. These included diabetes specialist nurses, integrated respiratory services and heart failure nurses.
- QOF achievement on indicators linked to long term conditions such as diabetes was in line with or above CCG averages. For example, the percentage of patients with diabetes, on the register who had their blood pressure taken within the preceding 12 months was 91%, compared to a CCG average of 74% and national average of 78%. The practice worked collaboratively with a community specialist diabetes nurse on their more complex patients with a diabetes diagnosis, and referrals were made to diabetic retinopathy screening to improve outcomes for the patients.
- Longer appointments and home visits were available when needed.

Families, children and young people

Outstanding ☆

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

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. There were systems in place 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.

Summary of findings

- The practice held meetings every three months with the health visitor and ad hoc every Wednesday afternoon when the health visitor held a baby clinic at the practice. In addition, any children on a child protection plan were reviewed at regular clinical meetings.
- The practice offered information packs for pregnant women and supported those identified as smokers to quit smoking. This was in response to data which showed there was a high rate of low birth weight of newborn babies born in the area which was attributed to smoking mothers. Practice supplied data showed of the three pregnant patients identified, one had successfully stopped smoking.
- GPs were proactive in managing high hospital attendances by pregnant women showing early signs of complications, by creating an information leaflet advising newly pregnant women on what actions to take if they had concerns before going to the hospital. This resulted in a 50% reduction in hospital attendances of patients who were pregnant. The leaflet was subsequently shared with other practices in the CCG as an effective tool to assist in reducing hospital attendances for pregnant woman.
- Immunisation rates were above the CCG averages for standard childhood immunisations. Vaccination rates for children under two years old ranged from 92% to 97% compared against a CCG average ranging from 91% to 96%. Vaccination rates for five year olds ranged from 95% to 98%, compared to the CCG average of 87% to 95%.
- Appointments were available outside of school hours with urgent appointments available on the day for children and babies. This was consistent with feedback from patients we spoke to on the day who said children were seen quickly.
- Joint appointments with the GP and practice nurse were offered for the six to eight week post-natal check. This allowed mothers and babies to have their post-natal check, baby check and first immunisation done in one visit.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to nurse appointments from 8am on two days a week, after 5pm every day and telephone appointments.
- Online services included booking and cancelling appointments, and ordering prescriptions using the electronic prescribing service. Mobile phone text reminders were used for appointments, including the option to cancel an appointment via text.
- The practice offered NHS health checks to patients over 40 years old which were carried out by nursing team. Practice supplied data showed 20 out of the 47 patients invited had attended health check appointments in 2015/16. Staff told us there was a high rate of patients who refused to attend the reviews, and the practice was currently working towards achieving a target of 100 health checks.
- There was a full range of health promotion and screening that reflects the needs for this age group. Services provided from the premises included phlebotomy, sexual health, weight management and smoking cessation provided by commissioned services.
- The practice's uptake for cervical screening for eligible patients was 86%, higher than the CCG average of 81% and the national average of 82%. Breast cancer and bowel cancer screening data was broadly in line with the CCG and national averages. They were aware of their performance and offered more opportunistic testing to improve uptake rates.

People whose circumstances may make them vulnerable

Good

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

- A learning disabilities register was maintained by the practice who reviewed the register annually with the community learning disabilities team to ensure they had identified all their patients with learning difficulties. Patients on the register were offered longer appointments and annual health checks. Practice supplied data indicated in 2015/16 there were 26 patients on the learning disabilities register, and 25 of them had been reviewed in a face to face consultation.

Summary of findings

- The practice supported 13 patients with learning disabilities who were resident in two local care homes, one of which was located next to the practice. Staff from the homes told us they had six weekly meetings with the GP to discuss the needs of their patients, and regular visits when needed.
- The practice identified vulnerable patients at risk of hospital admission as part of their avoiding unplanned admissions service. They regularly worked with other health care professionals who included care coordinators, district nurses and community matrons in the case management of vulnerable patients.
- In addition, they identified 12 patients aged between 10 and 68 years old considered to be frail to ensure they were closely monitored to avoid falls and hospital admissions. Practice supplied data indicated there were three emergency admissions in 2015 and no emergency admissions in 2016. GPs attributed the low numbers to effective multidisciplinary working with other health care providers.
- A palliative care register was maintained by the practice. There was evidence of liaison with community palliative care teams.
- 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.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment and an interpreter could be arranged for those who could not speak in English through Language Line translation service.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (1.9% of the practice population). Carers were offered an annual health check and referred to a care coordinator who linked them with support services.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice kept registers of patients with mental health conditions to ensure they were invited for an annual health review in addition to being able to access appointments

whenever required. Practice supplied data which showed that in 2015/16, there were 27 patients , and 20 of them had their care reviewed in a face to face meeting in the preceding 12 months.

- In 2014/15, 100% of patients diagnosed dementia had their care reviewed in a face to face meeting in the preceding 12 months, compared to the CCG and national average of 84%. Practice supplied data indicated 22 out of 23 patients had been reviewed in a face to face meeting in 2015/16.
- In addition, there were 230 patients screened for dementia to promote early identification and support for the patients. GPs attributed their success to focussing on mental health as part of their strategy and actively recalling patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients considered at risk of mental health conditions. Staff told us they worked collaboratively with local mental health care professionals, crisis teams and voluntary organisations to provide early intervention support to patients experiencing poor mental health.
- 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.
- Referrals were made to psychological therapies and counselling where appropriate, and patients were encouraged to self-refer to the services.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 283 survey forms were distributed and 111 were returned. This represented a response rate of 39% (3.2% of the practice's patient list).

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 85% 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 84% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 80% 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 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Staff were described as having a warm and friendly attitude. There were some comments about difficulties in getting through on the practice telephone in the mornings. However, a number of respondents said it was easy to get an appointment.

We spoke with 10 patients during the inspection, including two members of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients said they found it difficult to get through to the practice telephone in the mornings for appointments, with some preferring to call later in the day.

Results from the Friends and Family Test undertaken between March and August 2016 indicated 91% would recommend the practice.

Lime Tree Surgery

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 an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Lime Tree Surgery

Lime Tree Surgery provides primary medical services to approximately 3500 patients through a personal medical services (PMS) contract. This is a locally agreed contract with NHS England.

The practice is located in the Cinderhill area of Nottingham, approximately four miles from the city centre. The level of deprivation within the practice population is above the national average. The practice is in the first most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas. Data shows number of younger people aged below 18 years registered at the practice is significantly higher than the national average, and the proportion of patients over 65 years old is significantly higher than the CCG average, but in line with the national averages.

The medical team comprises of two GP partners (one is a managing partner only), two long term locum GPs, two practice nurses and a health care assistant. They are supported by a practice manager, an office manager, three receptionists and a secretary. There are two female GPs and one male GP.

The practice is open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Friday; and 8am until 12.30pm on Thursdays. Appointment times start at 9am and the latest appointment offered at 5.30pm daily. The practice does not provide the extended hours service.

When the surgery is closed (including Thursday afternoons), patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

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 31 August 2016.

During our visit we:

- Spoke with a range of staff (GPs, a nurse and administration staff) and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at weekly meetings held by the practice team. There were 15 significant events recorded in the preceding 12 months. Staff told us they felt comfortable with raising concerns at any time. Minutes were recorded and shared with the practice team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children.
- A notice in the waiting room and all consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed two employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- 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 for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads 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. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe.

Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books 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. The plan included emergency contact numbers for staff and a copy of the plan was kept off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. There was evidence of use of local prescribing guidelines which were accessed through a shared drive on the practice computer system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice assessed the needs of their patients through comparing their performance with other practices in their local care delivery group whom they met regularly. GPs told us a recent meeting had identified a high number of low birth weights of newborns born to mothers living in their practice area due to smoking during pregnancy. A change was made to the pregnancy information packs to supply pregnant patients with smoking cessation information at their antenatal booking appointment and to follow up those identified as smokers. Practice supplied data showed of the 3 pregnant patients identified, one had successfully stopped smoking.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98.5%, compared to the CCG average of 92% and national average of 95%. The exception reporting rate was 10%, in line with the CCG and national average of 9%. (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). Practice supplied data indicated overall QOF achievement had improved to 99% in 2015/16; this was yet to be verified and published.

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 93%, compared to the CCG average of 79% and the national average of 89%. The exception reporting rate was 14%, slightly higher than the CCG average of 10% and national average of 11%.
- Performance for mental health related indicators was 100%, above the CCG average of 89% and the national average of 93%. The exception reporting rate was 23%, higher than the CCG and national average of 11%.
- Performance for hypertension related indicators was 100%, compared to the CCG average of 97% and national average of 95%. The exception reporting rate was 2%, lower than the CCG average of 4% and national average of 4%.

Staff told us their exception reporting figures appeared to be high in some indicators due to the small patient numbers; this was consistent with our findings on the inspection.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out between October 2015 and January 2016 on the appropriateness of prescribing cephalexin (a medicine used to treat bacterial infections), and found 19 patients who had been prescribed the medicine inappropriately. The results were shared with the team and doctors were reminded of local guidelines. A repeat of the audit later in the year found only seven patients were using the medicine and it had been prescribed appropriately.
- An audit was carried out following high attendances to A&E (Accident and Emergency) for gynaecological problems. The practice found the majority of attendances were due to complications in early pregnancy. They subsequently developed a leaflet given to pregnant patients at their first appointment advising them on complications in early pregnancy and

appropriate access to the hospital. Patients were advised to contact their GP in the first instance if able. A repeat of the audit showed a 50% reduction in A&E attendances and improved attendance at the practice by pregnant women. As a result, the leaflet was distributed to other practices in the CCG, demonstrating it was an effective tool in reducing hospital attendances for pregnant women.

- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as Accident and Emergency (A&E) attendances and emergency admissions. For example:

- Between August 2015 and July 2016, the practice was ranked 36 out of 58 practices for A&E attendances within their CCG. The practice noted they had a high number of young patients including some who bypassed the surgery to attend A&E directly when they felt they had an emergency. Staff told us they were continually educating patients in managing minor ailments, and they would always telephone back patients who could not get an appointment but felt their needs were urgent.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, protected learning time, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made use of the close communication with the community teams who used rooms in the surgery for their clinics by making referrals promptly and discussing them in person.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs, 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. The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. Information was shared between the GP out of hours service and the practice to ensure care was seamless.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.
- The practice participated in the Avoiding Unplanned Admissions enhanced service which involved identifying 2% of their patients who are at risk of going into hospital. They saw a reduction in hospital admissions from 73 in June 2016 to 58 in August 2016 (21%),

Good

Are services effective?

(for example, treatment is effective)

attributing their success to coordinated care for their vulnerable patients with other healthcare professionals. Under this service, all visit requests from patients on the register were triaged promptly and arrangements were in place to ensure they were seen as appropriate.

- Staff told us they worked collaboratively and were supported by the community care coordinator, district nursing team and community matrons and met regularly to coordinate care through monthly meetings to discuss vulnerable patients. We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF).
- The Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes were used to ensure effective communication between agencies including the Ambulance Service and out of hours GP service.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Practice staff initiated a 'Wednesday Weigh In' session targeted at encouraging weight loss and health eating. This was extended to invite patients and the practice reported all ten regular patients who participated in the sessions had lost weight. The group included people with learning difficulties and diabetes.
- New patient health checks were offered to patients joining the practice and used as an opportunity to obtain knowledge of patients' lifestyles to ensure they were given advice tailored to their needs.
- A smoking cessation clinic was held weekly from the practice premises. The practice had 2664 patients over 16 years old and 98% of them had their smoking history recorded.

The practice's uptake for the cervical screening programme was 86%, which was higher than the CCG average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by working with community learning disabilities nurses. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% which was comparable to the CCG average of 91% to 96% and five year olds from 95% to 98% which is comparable to the CCG average of 87% to 95%.

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. Practice supplied data showed of the 47 patients offered NHS health checks in 2015/16, 43% attended a health check appointment. Staff told us they were working on encouraging patients to attend with a target of 100 checks to be completed this year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were examples of staff assisting patients by taking prescriptions to the pharmacy, delivering medicines at patients' homes and liaising with other services at the patient's request.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. 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 two members of the patient participation group (PPG). They also told us they were 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.

Feedback from care homes indicated staff were caring and approachable.

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

- 89% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% 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%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern, better than the CCG average of 91% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful, better than the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Good

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language and used sign language services for deaf patients. Double appointments were provided for patients where an interpreter was involved.

Patient and carer support to cope emotionally with care and treatment

The practice maintained links with a local Age UK centre located close to the practice, which provided specialist day care support the elderly and their carers. Posters on the service were available in the reception area.

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. 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. The practice had identified 65 patients as carers (1.9% of the practice list), and 30 had received a health check. Carers were referred to local care coordinators and social services for support, and offered carers packs with written information directing carers to the various avenues of support available to them. GPs told us the identification of more carers was part of their strategic theme to focus on for the year after local data suggested there were high rates of informal carers in the area.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and advice was given on how to find support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a range of appointments which included telephone appointments, same day urgent and pre-bookable appointments. There were longer appointments available for patients who needed them and they were encouraged to request longer appointments if required.
- Patients were informed when each GP was working, including when they were away on holiday to avoid long waits for their preferred GP.
- There were longer appointments available for 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Antenatal clinics with the midwife were held on Monday afternoons and the health visitors held baby clinics on Wednesday afternoons from the practice premises.
- The number of appointments offered was flexed to suit demand, for example there were more appointments available after public holidays and during winter months when it was busy.
- Text messages and postcards were sent to patients eligible for flu vaccinations to encourage them to attend. There were plans to offer flu clinics on Saturdays.
- The practice initiated a pregnancy smoking recall service for its registered patients after data suggested there were low birth weights in the area attributed to smoking in pregnancy. Smoking cessation clinics were held every Wednesday afternoon for all patients in need of support and advice to stop smoking.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were recent building refurbishments undertaken to improve disabled facilities and access to patients using wheelchairs. There was a clinical room downstairs for patients who had difficulty climbing the stairs.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday; and 8am to 12.30pm on Thursday. Appointment times for the GPs started at 9am and the latest appointment offered at 5.30pm. There were same day and pre-bookable appointments that could be booked up three months in advance for the GPs and nurses. Urgent appointments were available for people who needed them and GPs told us they would telephone patients who could not get an appointment but felt they needed urgent care on the same day of their request. Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 94% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

Staff told us they analysed their feedback and they had previously participated in a review of their access and found they were providing adequate cover with their range of appointments on offer. There had been discussions held with their PPG about installing a second telephone line in response to patients saying they did not find it easy to get through to the practice telephone; the additional cost and manpower was under review. Patients were encouraged to book appointments online where possible to avoid waiting on the telephone; however uptake was still low.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Reception staff were trained in dealing with issues raised informally by patients, and provided patients with information on how to complain if they wished to raise issues formally.
- We saw that information was available to help patients understand the complaints system in the reception area.

We looked at one complaint received in the last 12 months. Data from NHS England indicated there was only one complaint reported to them between April 2014 and March 2015, and this was not upheld. We found the complaint made to the practice was satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from the complaint and shared with the whole practice team. For example, the reception team were reminded to inform patients about online appointments and a poster was placed in the waiting area to inform patients about the length of appointment times. In addition, there were learning points for the GPs about explaining the appointments system sensitively to patients.

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 compassionate, accessible and evidence based medical care for patients in a traditional general practice setting.

- The practice had a mission statement centred on providing high quality services to all patients. A practice charter was displayed in the waiting area and in the practice information leaflet.
- There was a documented practice strategy which was discussed at monthly business meetings attended by the GP partners. This included decisions on clinical areas to focus on for each year to improve performance and patient outcomes. For example, their areas of focus this year were identification of carers, increasing uptake of flu vaccinations and achieving more health checks for patients aged 40 to 74 years.
- Staff complement was stable and the practice benefitted from long serving staff who supported the management during a transition period following recent retirements by long serving GPs.
- The practice website and a printed practice leaflet were used to keep patients informed of any changes within the practice.

Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. There were nominated leads for various areas to support the practice on governance issues. The governance framework 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. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- GPs met daily to discuss any issues arising relating to patients and the practice.
- Practice specific policies were implemented and were available to all staff on a computer shared drive. We saw there were weekly practice meetings where policies and changes were discussed.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Topics of audits were relevant to the care being provided by the practice and were used to drive improvement for the practice.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example, safety alerts, significant events, health and safety, safeguarding children, vulnerable adults and clinical updates were standing items on the agenda for the weekly staff meetings.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. These skills were used in providing care to patients within the practice. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The GPs and management team encouraged a culture of openness and honesty. Constructive challenges from patients, carers and staff were encouraged and complaints were acted on effectively. 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.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

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

Are services well-led?

Good

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

- Staff told us the practice held regular team meetings as a practice, which was evident from the minutes of meetings held. Speakers were invited from smoking cessation and counselling services to educate staff on their services and how they patients could be encouraged to use them.
- Staff told us they did not feel that a hierarchical structure existed between them and the GPs. They felt valued and listened to by the management team. For example, the nursing team made suggestions about consolidating flu clinics and amending invitation letters for childhood immunisations, both of which were supported by the practice team.
- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team. Patients were informed when their GPs would be going on leave.

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

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

- The practice had gathered feedback from patients through the national patient survey and carried out their own patient surveys on a regular basis. They reviewed the results at team meetings and discussed ways to continually improve the results, for example, increasing the number of telephone lines for appointments, and commend the team for positive results. There was a suggestion box in the waiting area.
- Patient feedback was also gathered through the patient participation group (PPG), who reviewed patient surveys and feedback in order to submit proposals for improvements to the practice management team. The PPG had a membership of approximately four patients who attended quarterly meetings with a GP and member of staff who recorded the minutes. There were no virtual members as yet although patients were encouraged to sign up via the website if they were interested in joining the group. A notice board was available in the waiting area inviting patients to join the PPG.
- The PPG engaged with community wide health and wellbeing organisations. For example, they invited a manager from the local elderly care support centre to bring new ideas on how they could support elderly patients registered with the practice.
- Members of the PPG told us they had discussions about the use of online appointments booking, television viewing and using emails for test results. They organised regular themed noticeboard displays on a variety of topics. However, the PPG members we spoke to said the group did not actively gather patient feedback on its own, but was rather led by the practice on this.
- Feedback from staff was obtained through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.