

Sherrington Park Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13

Detailed findings from this inspection

Our inspection team	14
Background to Sherrington Park Medical Practice	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sherrington Park Medical Practice on 7 March 2016. The overall rating for this practice is outstanding.

Our key findings 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 we saw evidence that learning was applied from events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care, and their interactions with all practice staff, was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to book an appointment with a GP, and routine appointments could also be booked up to six months in advance. Urgent appointments were available the same day.

- The two GPs held their own patient lists to ensure continuity of care and establish strong relationships with patients and their families.
- The practice used clinical audits to review patient care and we observed how outcomes had been used to improve services as a result.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe. This approach had impacted on unplanned hospital admissions and attendance at Accident and Emergency.
- There was a strong and proactive leadership structure within the practice, and staff felt well-supported by management.
- The practice had good facilities and was well-equipped to treat patients and meet their needs.
- The practice reviewed the way it delivered services as a consequence of feedback from patients.

We saw several areas of outstanding practice including:

- The practice provided excellent access to GP appointments. This was reinforced by the national GP survey results. For example, 89% of patients described their experience of making an

Summary of findings

appointment as good compared to the CCG average of 74% and national average of 73%. Patients we spoke to on the day of the inspection also highlighted the ease of making an appointment to see a doctor. The practice had low attendance rates at Accident & Emergency (220 per thousand population compared against the local average of just above 300), and a lower number of unplanned hospital admissions in comparison to other local GP practices (53 patients per thousand population versus the local figure of 90), demonstrating that good access achieved positive outcomes for patients.

- The practice worked in collaboration with other practices. For example, reviewing and learning from incidents; peer review meetings; and arranging and hosting monthly presentations from locally based professionals – for example, a consultant in chest related diseases had recently spoken to the group.
- In response to a lower rate of diagnosis, the practice had introduced a more comprehensive assessment tool to identify patients with dementia, and

implemented an alert for patients at risk of developing dementia on the clinicians' computers. This had helped identify more patients with dementia to enable them to receive treatment and support at the earliest opportunity. The diagnosis rate had increased from 35.2% to 48.5% to bring this in line with the local average of 55%. The use of the new screening tool had identified three new patients with dementia in the first two months of its implementation, who would not have been identified using the standard assessment tool.

In addition the provider should:

- Strengthen the infection control lead role by defining key responsibilities, and ensuring additional training is undertaken to support this role.
- Review the relationship with the Patient Participation Group (PPG) to ensure they provide a voice for patients, and are influential in shaping service provision.

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



- There was an open and effective system in place for reporting and recording significant events. Lessons were shared to make sure actions were taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received support, truthful information, an apology and 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 people safe and safeguarded from abuse.
- Site-related health and safety risks to patients and the public were assessed and well-managed including procedures for fire safety and legionella.
- Medicines, including vaccines and emergency medicines, were stored safely and appropriately with good systems to monitor and control stock levels.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patient need.

Are services effective?

Outstanding



- Data showed patient outcomes were generally higher than local and national averages. The practice had achieved an overall figure of 98.3% for the Quality and Outcomes Framework (QOF) in 2014-15. This was above the CCG average of 91.4% and the national average of 94.7%.
- Importance was placed in supporting people to live healthier lives through a proactive approach to health promotion and the prevention of ill-health, by offering regular health reviews and various screening checks. For example, 89.8% of women aged 25 to 64 years had been screened for cervical cancer in the last five years, which was approximately 8% above local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. We saw evidence to confirm that guidance was being used to positively influence and improve outcomes for patients.
- We observed examples of how clinical audits were being used to review performance and enhance quality improvement.

Summary of findings

- The practice proactively participated in benchmarking and peer reviews to enhance performance. This was demonstrated by a history of high achievement across a range of quality based indicators overseen by the local Clinical Commissioning Group (CCG).
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Annual appraisals and personal development plans were in place for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.
- The practice had lower usage of Accident & Emergency (A&E) and lower rates of unplanned hospital admissions in comparison to other practices within the CCG, as a result of good GP access and effective care planning.

Are services caring?

- Data showed that patients rated the practice slightly above CCG and national averages in respect of care. For example, 93% of patients said the last GP they saw GP was good at explaining tests and treatments compared against a CCG and national average of 86%, according to the January 2016 GP Patient Survey.
- Each GP maintained a personal patient list to ensure continuity of care. All patients therefore had a named GP which promoted personalised care.
- Patients we spoke with during the inspection and feedback on our comments cards indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.
- Views of external stakeholders were very positive in respect of the high level of care provided by the practice team and aligned with our findings.

Good



Summary of findings

Are services responsive to people's needs?

Outstanding



- People could access appointments and services in a way and at a time that suited them. Urgent appointments were available on the day, and routine appointments could be booked in less than a week. Pre-bookable routine appointments could be arranged up to six months in advance.
- The practice provided some early morning consultations with GPs, the nurse and the health care assistant on one morning each week to accommodate the needs of working people. Telephone consultations were available each day so that patients could speak with a GP, rather than attending the practice for a face to face consultation.
- The practice provided an online appointment booking facility and online ordering of repeat prescriptions. The practice participated in the electronic prescribing scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- Comment cards and patients we spoke to during the inspection were very positive about their experience in obtaining both urgent and routine appointments. This was reinforced by the national GP survey in January 2016 which found 89% patients described their experience of making an appointment as good. This was in comparison to a CCG average of 74% and a national average of 73%.
- The healthcare assistant had established a positive working relationship with a local residential home for patients experiencing poor mental health and those with learning disabilities by implementing a quarterly visiting schedule. This was improving uptake of health checks and vaccinations.
- The practice had good facilities and was well-equipped to treat patients. It had refurbished the premises to ensure good access for patients with a disability.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff to improve the quality of service.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients

Summary of findings

Are services well-led?

Good



- 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 this, and had contributed to the development of the practice's business plan.
- There was strong and clear leadership structure, and staff felt supported by management.
- The practice engaged well with the CCG and practices within their locality. For example, they had worked collaboratively with other practices in reviewing and learning from incidents, and had undertaken peer review sessions including secondary care referral rates. The practice also arranged and hosted monthly presentations from locally based consultants, which representatives from other practices would attend.
- The CCG acknowledged the achievements of the practice. The practice had a history of high achievement and had achieved the top placed practice in the CCG when assessed against a range of performance quality indicators. This had been maintained with ongoing high achievement when ranked against other local practices.
- The practice had developed policies and procedures to govern activity.
- The practice held regular meetings to discuss clinical issues, and general staff meetings were arranged for wider issues. Staff put forward the items for discussion at their meetings.
- 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 practice sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.
- Staff had received regular performance reviews.

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 offered proactive and personalised care to meet the needs of older people. The practice used a regular monitoring process to identify frail and vulnerable patients, and those at high risk of hospital admission, to plan and develop individual care packages.
- Care plans were in place for older patients with complex needs. Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice nurse and healthcare assistant monitored hospital admissions and discharges, and telephoned high-risk patients within 48 hours of discharge to review if any additional help may be required.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them. Longer appointments could be booked if these were required. The practice were flexible with older patients if for example, they attended on the wrong day or time.
- The practice followed up any patient aged 90 and above who had not attended for a review to see if they were well, and to arrange to go and see them at home if required.
- The practice offered all patients aged 75 and over an annual health check. In the year to date, 58% of patients who have been invited for the health check had attended. Over 75s were provided with an information pack about services available to them.
- Flu vaccination rates for the over 65s were 77.6% which was higher than the local average of 72.9% and the national figure of 73.2%.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages

People with long term conditions

Outstanding



- The practice achieved 431 out of 435 points (99.1%) for clinical indicators within QOF. This was 7.9% higher than the local CCG average and 4.6% above the national average.

Summary of findings

- Performance for diabetes related indicators at 95.8% was above the CCG average of 79.1% and the national average of 89.2%. The level of exception reporting for diabetes patients was also noted to be lower than local and national averages.
- QOF indicators for asthma were broadly in line with CCG and national averages. For example, 71.4% of patients with asthma received a review in the preceding 12 months, compared to the CCG and national averages of 75.5% and 75.3% respectively. The partners were taking actions to increase performance in this area. This included recruiting for additional nursing hours, and ensuring all new patients with an asthma diagnosis were flagged to receive a review once the medical records were received by the practice.
- All patients with a long-term condition received a structured annual review to check their health and medicines needs were being appropriately met.
- For those patients with the most complex needs and associated risk of hospital admission, the practice team worked closely with the local community health providers including the community matron and respiratory team to deliver a multidisciplinary package of care.
- The diabetes nurse specialist attended the practice each month to provide a joint clinic with the practice nurse to review patients with diabetes.
- The clinical team reviewed the computer templates each year to ensure key clinical information was recorded during consultations. Designated staff roles for data inputting and notes summarisation helped to maintain accurate disease registers.
- Patients could book a double or triple appointment if they wished to be seen for more than one issue, or had a particularly complex issue to discuss.

Families, children and young people

- A flexible appointment system ensured that children could be seen on the same day when this was indicated. Appointments were available outside of school hours. Telephone triage was utilised to ensure those with urgent requirements were dealt with promptly.
- The premises were suitable for children and babies. Toys were provided for children attending the surgery. Baby changing facilities were available and the practice accommodated young mothers who wished to breastfeed.
- Personal GP patient lists enabled the doctor to build excellent family relationships, and promote continuity for patients.

Good



Summary of findings

- The practice held quarterly meetings with the health visitor, and also reviewed any children on a child protection plan at their own monthly clinical meeting.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.
- Immunisation rates were high for all standard childhood immunisations, and in line with local averages. For example, vaccination rates for children under two years old ranged from 93.7% to 100% compared against a CCG average ranging from 91.1% to 96.3%. The practice team monitored uptake of childhood vaccinations to enable those who did not attend to be followed up.
- Patients we spoke with on the day, and feedback received from our comment cards, stated young people were treated in an age-appropriate way and were recognised as individuals.

Working age people (including those recently retired and students)

- The registered patients were predominantly within this population group including a high percentage of working professionals, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There was excellent access to GP consultations and we observed that appointment systems worked efficiently on the day of our inspection. Feedback from patients was consistently positive about their experience in obtaining an appointment quickly and a time that was convenient to them. For example, the 2016 national GP survey indicated that 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- An early morning extended hours' surgery was provided each week by both GPs, the nurse, and the health care assistant. This had been a preferred option expressed by patients, rather than access to a late evening service.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- The practice was proactive in offering online services to book GP appointments and repeat prescriptions. The practice also undertook electronic prescribing so that prescriptions could be sent directly to the pharmacy of the patient's choice.
- A text reminder service was used to help reduce non-attendance for appointments.

Outstanding



Summary of findings

- Both GPs had additional qualifications in occupational health which was beneficial in terms of supporting people to remain at work, or to facilitate an earlier return. The GPs also referred, or encouraged patients to self-refer, to a local service that assisted people to return to work. This service also helped unemployed patients with a disability to secure employment.
- Health promotion and screening was provided that reflected the needs for this age group.
- The practice provided travel clinic services and was a registered yellow fever centre.
- The practice's uptake for the cervical screening programme was 89.8% which was above the CCG average of 81.5% and the national average of 81.8%. This was the second highest rate of 57 practices in the CCG.

People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless people could register with the practice.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided good care and support for end of life patients and had signed up to a national programme to deliver high quality palliative care. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.
- The practice had carried out annual health checks for people with a learning disability, and 68% of patients had received an annual review in the last 12 months. It offered longer appointments for people with a learning disability.
- Of 19 patients on the practice register of learning disability patients, three patients had a care plan in place.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



- 94.1% of people diagnosed with dementia received a face to face review of their condition during 2014-15. This was 10% higher than the CCG and national averages, although the exception reporting rate was slightly higher by 2%.
- The practice achieved 99% for mental health related indicators in QOF, which was 10.3% above the CCG and 6.2% above the national averages. The practice had slightly higher exception reporting rates for six of the seven mental health related indicators.
- 94% of patients on the practice's mental health register had received an annual health check during 2014-15. This was 10.5% above the CCG average and 5.8% above the England average, with exception reporting rates approximately the same.
- The practice provided care for vulnerable patients with mental health and learning disabilities in two local residential units. We spoke to staff at the homes who commented that the practice provided good standards of care and support for their residents. At one of these units, the healthcare assistant had commenced quarterly site visits to develop relationships with clients in response to their apprehensions about going to the practice. This had produced positive outcomes including all residents receiving the flu vaccination in the last year, when previously uptake had been low.
- In response to a perceived lower detection of dementia, the practice had implemented the Montreal Cognitive Assessment to compliment the more commonly used Six-item Cognitive Impairment Test (6CIT). This had helped identify more patients with signs of dementia to enable them to receive treatment and support at the earliest opportunity.
- The practice worked with multi-disciplinary teams in the management of people experiencing poor mental health, including those with dementia. This included the mental health crisis team to ensure those patients experiencing acute difficulties received urgent assistance to manage their condition.
- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Information was available for patients in the waiting area.
- The practice undertook reflective learning following significant events when patients had ended their own lives.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing higher than local and national averages. There were 275 survey forms distributed and 113 were returned, which was equivalent to a 41% completion rate.

- 91% of patients found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 98% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- 97% of patients said the last appointment they got was convenient compared to a CCG average of 92% and a national average of 92%.
- 89% of patients described their experience of making an appointment as good compared to a CCG average of 74% and a national average of 73%.

- 89% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and a national average of 65%.

As part of our inspection we received 37 CQC comment cards which had been completed by patients prior to our inspection. All comment cards were positive about the high standards of care received, and the ease in obtaining a GP appointment. Patients commented that the environment was clean, that staff treated them with dignity and respect, and that they were extremely satisfied with the high standards of care they had experienced.

We spoke with nine patients during the inspection. All nine patients said that they were satisfied with the care they had received and that staff were committed and caring. They told us that GP consultations were easy to book, and they never had to wait more than two or three days for a routine appointment. Patients told us that they were seen on time. Individual patients gave accounts of how they had received personalised care at a difficult time which helped them to understand and deal effectively with their condition.

Sherrington Park 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 advisor, a nurse specialist advisor, and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Sherrington Park Medical Practice

Sherrington Park Medical Practice is situated in a large residential area close to the city centre of Nottingham

The practice is run by a partnership between two GPs (one male and one female) in adapted residential premises and has been operational for just over 20 years. The practice employs a full time nurse practice nurse and a health care assistant. The clinical team is supported by a full-time practice manager and a team of eight part-time administrative, secretarial and reception staff.

The registered list size of 4,193 are predominantly of white British background, although there is some diversity within the registered practice population. The practice are ranked in the fifth more deprived decile, and is in line with the national average. The practice age profile has higher percentages of patients aged 25-55 years old. It has lower

percentages of patients aged under 25, although it has slightly higher percentages for 0-4 year olds. There are lower percentages of patients aged over 60 registered with the practice.

The practice opens from 8.30am until 6.30pm Monday to Friday, apart from one Tuesday afternoon each month when the practice is closed for training purposes. The practice also closes each Tuesday lunchtime for approximately one hour for a staff meeting. GP morning appointments times are available from 8.45am to between 11.30am or 1pm, and afternoon surgeries run from 3.50pm to 6pm. Extended hours GP and nurse surgeries are provided from 7.30am to 8.00am every Tuesday morning.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to NEMS (the contracted out-of-hours provider) via the 111 service.

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England. The practice also offers a range of enhanced services which are commissioned by NHS Nottingham City CCG.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Nottingham City CCG to share what they knew.

We carried out an announced inspection on 7 March 2016 and during our inspection:

- We spoke with staff including both GPs, the practice manager, the practice nurse and healthcare assistant, and a number of reception and administrative staff. In addition, we spoke with managers at two local care homes and a community matron regarding their experience of working with the practice team. We spoke with nine patients who used the service, and two representatives from the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service.

- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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 was a recording form available on the practice's computer system.

The practice carried out a thorough analysis of the significant events, and findings were regularly discussed at staff meetings. Records showed a total of 14 significant events had been recorded over the last 12 months. We saw that learning had been applied when unintended errors or unplanned events had occurred. For example, the practice told us about an incident in which they had to deal with a difficult situation in the reception area. As a result, the practice ended lone-working and ensured there were always two staff on duty at reception. In addition, CCTV was installed outside the building, and the panic alert system was updated.

The practice had worked together with other local GP practices to jointly review learning from each other's significant events, in order to facilitate wider learning, and share best practice. For example, a review of one significant event resulted in the practices only making generic medicines switches further to a face-to-face consultation and full counselling with the patient (generic medicines are as safe and effective as brand-name medicines, but are less expensive). This was agreed in order to enhance patient satisfaction and minimise the risk of complaints.

When there were unintended or unexpected safety incidents, people received support and truthful information and an apology, and were told about any actions to improve processes to prevent the same thing happening again. This reflected the provider's awareness to comply with the Duty of Candour requirements in being open and transparent with patients when things went wrong.

The practice had a robust approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA). A clear audit trail was maintained to demonstrate the effectiveness of the system in place. The practice provided evidence of how they had responded to alerts in checking patients' medicines and taking action to ensure they were safe.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding, with the appropriate safeguarding training at level 3. Quarterly meetings took place between the GP safeguarding lead and the health visitor to discuss any vulnerable children, and these meetings were documented. The health visitor attended the practice weekly to provide a baby clinic and this enhanced regular communication with regards to any ongoing concerns. Staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role. We were informed of an incident where concerns about child health were reported to the health visiting team and arrangements were put in place to keep the child safe.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. Nursing staff acted as chaperones, and some reception staff were preparing to undertake chaperoning duties and were in the process of completing a disclosure and barring check (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. These staff had received some chaperone training, and some supplementary training was being organised for them at their request.
- We observed the practice to be clean and maintained to a high standard. The practice nurse was the identified infection control clinical lead. However, the practice had not developed clearly defined responsibilities for this role, and the lead had not undertaken any additional training. There was an infection control policy in place and staff had received training relevant to their role. An annual infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result. The practice had contracted an external provider to clean the premises and had developed cleaning schedules with regular

Are services safe?

monitoring arrangements to ensure high standards were maintained. We saw evidence that staff had received vaccinations to protect them against hepatitis B.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to 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 were in place to allow nurses to administer medicines in line with legislation, and there was a system for the production of Patient Specific Directions to enable health care assistants to administer specific medicines when appropriate.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available and there were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire training including trial evacuations. All electrical equipment had been checked to ensure it was safe to use and clinical equipment was validated to ensure it

was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was flexibility within the reception and administrative team to provide cover for staff on leave. The practice used locums to cover periods of leave for the GPs and nurse. A regular GP locum was used for continuity.

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 and a panic alarm in all the consultation and treatment rooms and reception, which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. A copy of the plan was kept off site in case access to the premises was not possible. The plan had been reviewed recently, although some contact details for NHS staff required updating.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. The practice assessed needs and delivered care and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines, and local guidance, for example, in relation to prescribing. The practice monitored that these guidelines were followed through clinical discussions and audits.

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 98.3% of the total number of points available (compared against a CCG average of 91.4% and a national average of 94.7%), with an exception reporting rate of 7.4% which was marginally below local and national averages. The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF.

- Performance for diabetes related indicators at 95.8% was above the CCG average of 79.1% and the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests at 89.7% was above the CCG average of 82.6%, and the national average of 83.6% with lower levels of exception reporting.
- The achievement of 99% for mental health related indicators was above the CCG average of 88.7% and the national average of 92.8%
- 71.4% patients included in the practice register for asthma had received a review of their condition in the preceding 12 months. This was 4.1% lower than the CCG average and 3.9% below the England average, although the practice had developed actions to increase their performance, for example, by increasing the number of available nursing hours.

Clinical audits demonstrated quality improvement.

- There had been three completed full clinical audit cycles in the last year, where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent full cycle clinical audit was completed on chronic kidney disease, as the practice was identified as having prevalence below expected levels. This identified some coding issues and the need to review some patients. As a result, eight patients were removed from the register but 16 other patients were identified for inclusion to access appropriate treatment and care. The practice recognised that further issues still needed clarification and said they planned to undertake a third audit cycle to assess progress in the near future.

Effective staffing

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

- We saw evidence of completed induction programmes for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice was in the process of implementing access to e-learning training modules, to support their existing in-house training and training organised by their CCG. Staff had received up-to-date mandatory training that included safeguarding, fire procedures and basic life support.
- The practice nurse had undertaken significant preparation to meet requirements for the revalidation of nurses. Both GPs had achieved revalidation and regularly attended a GP update course. Revalidation is a scheme to provide assurance that clinicians have kept up-to-date with their practice, and can demonstrate they work within recognised quality standards.
- The practice ensured role-specific training with updates was undertaken for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- There was an annual staff appraisal system in place, in which individual objectives were agreed along with the identification of any training needs. Opportunities for



Are services effective?

(for example, treatment is effective)

staff development were encouraged, for example, the HCA will be one of the first locally to complete a clinical healthcare diploma. This will contribute to better skill mix arrangements within the practice.

Coordinating patient care and information sharing

The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Practice staff worked with other health and care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. In order to review and plan care for older people, those with long-term conditions, vulnerable patients, and those patients at risk of unplanned hospital admission, the practice had developed a rolling four weekly programme. This involved a review of patients by the practice team in week one to identify their current needs, followed by a meeting the next week to discuss and action these issues. On the third week, the multi-disciplinary team would meet to discuss the patients and review and plan their care requirements. In week four, the practice discussed new cancer patients and those patients with ongoing palliative care needs.

The practice used the electronic palliative care co-ordination systems (EPaCCS) used to share details of people's care preferences and key details about their care at end of life, for example, if they were admitted to hospital.

Consent to care and treatment

- 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, where appropriate, recorded the outcome of the assessment. Residential home staff informed us how GPs had contributed towards best interest assessments for their residents
- Patients who were identified for inclusion in the prevention of unplanned hospital admission

programme were written to informing them of the process of sharing key information with health and care professionals. This provided an option for them to opt out of this scheme.

- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged in order to facilitate discussions when patients may not be able to do this for themselves.

Health promotion and prevention

The practice provided a range of support to promote healthier lifestyles including smoking cessation and weight management advice.

The practice's uptake for the cervical screening programme was 89.8% which was above the CCG average of 81.5% and the national average of 81.8%. This rate had been achieved by a proactive approach, for example, by raising awareness with patients at contraceptive reviews, and identifying new patients from overseas who may have never been previously screened, to encourage uptake. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening but uptake for bowel screening was lower than CCG average and national averages. The practice had undertaken an audit to review the uptake of bowel cancer screening and developed an action plan following the initial audit. The second cycle audit demonstrated an increased uptake from 50.3% to 57.8%

Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.7% to 98.4% and five year olds from 93.2% to 95.5%, and these were comparable to CCG averages. The practice achieved 100% immunisations for the 5-in-1 immunisation for 12 month old infants (CCG average 92.9%). Flu vaccination rates for the over 65s were 77.6% compared to a national average of 73.24%, and at risk groups were 56.4% compared nationally to 49.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Since the start of the scheme, 48% of eligible patients had received a health check and been provided with follow up support where this was indicated.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Separate rooms were available within the treatment and 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 and that 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 relocate into a private area to discuss their needs.
- Clinicians came into the reception area to call and greet patients

We received 37 completed patient CQC comment cards, all of which were positive about the service experienced. Patients said they felt the practice offered excellent access to appointments, and that staff were helpful, caring and treated them with dignity and respect.

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

- 90% of patients said the last GP they saw was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 90% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 90% 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 national average of 82%.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives and carers.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a wide range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 carers which equated to approximately 1% of the practice list as carers, and identified new carers upon registration. Annual health reviews and flu vaccinations were offered to carers, and written information was available to direct carers to support services available to them.

Staff told us that if families had experienced bereavement, the practice would send a bereavement card. The GP spoke with bereaved relatives when there had been significant involvement from the doctor, and additional support was offered to support them if this was indicated.

Are services caring?

The practice made contact with patients aged 90 and above who had not attended for a review to check that they were well, and to arrange to go and see them at home if required.



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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice engaged in new care pathways to improve patient experience including one for deep vein thrombosis (DVT). This helped to prevent hospital admissions by providing immediate access to a DVT assessment clinic to aid diagnosis and initiate treatment if required.
- The practice offered extended hours GP and nurse appointments for working patients who could not attend during normal opening hours. These were available on a Tuesday morning from 7.30am to 8am in response to patient preferences for earlier rather than later opening.
- Longer appointments were available for patients. Double or triple appointment slots could be booked for patients with complex needs.
- Home visits were available for patients who would benefit from these. The GPs triaged home visit requests to ensure these were appropriate.
- Same day appointments were available for children and those with serious medical conditions.
- Although the practice was a partnership between two GPs, each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families. However, any patient could request to see the doctor of the opposite sex for a particular issue or a sensitive health concern.
- A health visitor 'drop-in' clinic was available on one afternoon each week.
- The premises were compliant with the Equality Act. The practice had recently undertaken some refurbishment which included automatic entrance doors, widening of the door to the nursing treatment room to accommodate wheelchair access, and alterations to the reception desk. The practice had a portable loop to help those with hearing difficulties.
- The practice had refurbished a room to provide an additional consulting room. This was nearing completion at the time of our inspection and the midwife had arranged to see patients at the practice regularly using this new facility. The room would also accommodate more capacity for visiting medical students.
- The practice provided a room for patients to consult with other professionals when this had been required. For example, a member of the domestic violence service had met with patients on site so they could be seen within a familiar environment.
- The practice used equipment to examine skin problems and send images to hospital dermatology consultants. This helped to reduce the requirement for patients to travel to hospital, and expedite access to treatment should this be indicated.
- The diabetes nurse specialist attended the practice monthly and delivered joint clinic with the practice nurse. This had been working well and an audit was in progress to determine the outcomes this had achieved.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. This included people in vulnerable circumstances or who had complex needs. For example, the healthcare assistant had commenced quarterly visits to a local residential unit for patients with mental health problems and learning disabilities. This had been initiated in response to poor attendance at the practice for regular reviews and health checks. The visits had helped to establish a stronger rapport with patients due to the continuity with a specific clinician within a familiar environment. This had helped increase compliance for example, with the uptake of flu vaccinations.
- Patients from other practices were able to attend the surgery as part of the Any Qualified Provider (AQP) scheme for treatment room services not provided at their own surgery. This included ECGs (a test used to check the heart's rhythm), suture removals, and blood tests.
- Translation services were available for patients who needed them. The practice had identified a cohort of Polish patients and had developed links with regular interpreters to ensure continuity.

Access to the service

The practice opened between 8.30am and 6.30pm Monday to Friday, apart for one hour each Tuesday lunchtime when a staff meeting was held. The practice also closed at



Are services responsive to people's needs?

(for example, to feedback?)

12.30pm on one Tuesday each month for staff training. Telephones were covered by the out of hours' provider between 8am and 8.30am, although a GP was available during this time in case of an emergency. GP appointments were available each morning from 8.45am to 11.30am. In the afternoons, GP surgeries ran from 3.50pm to 6pm. Extended hours GP and nurse consultations were provided from 7.30am to 8.00am on a Tuesday morning. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments, and telephone appointments were available on the day for people that needed them. Telephone triage was offered if no appointments were left on the day, and the patient indicated they required to be seen. On the day of our inspection, we observed that a routine GP appointment was available within two working days.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 91% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 89% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

We observed that the practice's rate of patient attendances at the A&E department was the third lowest at 220 patients per thousand population compared to the CCG average of just over 300. The number of unplanned hospital

admissions was the lowest figure within the CCG at 53.1 patients per thousand population, and this compared against a local rate of 90. These achievements were underpinned by the excellent access to GP appointments provided by the practice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England, although some minor updates were required.
- The practice manager/partner was the designated responsible person who handled the complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way in an open and transparent manner. All complaints were reviewed as significant events to ensure lessons were learnt, and action was taken to as a result to improve the quality of care. For example, the practice received a complaint regarding insufficient time being allowed for a consultation. The GP reflected that they were trying to manage all of the patient's expectations in one consultation, and the shared learning was that in similar circumstances, the patient should be reviewed over several standard appointments or one longer appointment. Additionally, it was agreed to refer to the other partner for a second opinion if a patient was not satisfied with their consultation.

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 and strategy supported by a three year business plan. The plan was a live document and was kept under review in order to provide flexibility to manage any unforeseen or new requirements. The practice team had contributed to the development of the practice strategy and were aware of the values to promote and deliver effective family healthcare to the highest available standards.

The partners were aware of the increasing expectations of GP practices and had commenced discussions regarding an alliance with other practices in the local area. The intention was to share some managerial functions such as personnel and finance to increase management capacity and continuity, and also to develop a more cohesive approach, for example, in working with patient participation groups. This would assist the practice to adapt more flexibly to meet new demands, whilst also protecting their integrity as an individual practice.

The practice had used the opportunity to prepare for their inspection to reflect on what they did well, and areas where they could improve. This had resulted in the practice identifying five key areas for future development including taking a more proactive approach with audit, rather than in response to a potential area of concern.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had reviewed their skill mix to deliver services effectively – for example, following the retirement of a nurse, the practice had developed the healthcare assistant role by supporting further training.
- The practice had implemented a comprehensive range of policies and these were up to date and easily accessible to all staff via the computer.
- A programme of clinical and internal audit was used to monitor quality and to make improvements

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, and these were kept under regular review.
- The practice worked with their CCG. This provided an opportunity to benchmark the practice and gain a comprehensive understanding of the performance of the practice within their CCG. This ensured the practice were aware of any issues that they may have to address, for example bowel screening uptake was noted to be lower. This led to the practice undertaking an audit and developing an action plan to improve patient uptake. This resulted in an improvement in uptake from 50.3% to 57.8%. The practice had aimed to achieve 60%, so were undertaking work to further increase this figure.
- The practice had demonstrated ongoing high achievement across a range of performance measures overseen by their local CCG, and had achieved either first or second overall ranking across all CCG practices. Referral rates to secondary care providers were also amongst the lowest within the CCG
- The practice manager and nurse attended monthly meetings with other local practices to discuss work collaboratively on key issues. The practice manager had previously been seconded as an advisor on the CCG's Clinical Council and Board.
- The practice worked in collaboration with other practices. A GP partner organised a 'First Tuesday' session each month where a speaker would be invited to talk about their area of expertise. Representatives from other local practices were invited to attend this as a shared learning opportunity. An example included a recent talk by a locally-based consultant in chronic airways disease. The practice had participated in peer review meetings with other practices, for example, to discuss A&E attendances.

Leadership, openness and transparency

The partners and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. The partners and manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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)

- Weekly clinical staff meetings were held. Meetings were held for the reception and administration team every week, and the GPs would attend these if a relevant issue was listed for discussion. Full staff meetings took place approximately every eight weeks.
 - Staff told us that there was an open culture within the practice and they were able to select the issues for discussion at the team meetings. Staff told us they felt confident and supported to raise issues, and that these were acted upon.
 - Staff said they felt valued and supported by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. A staff away day had taken place, and a further one was planned for May 2016, which provided opportunities for team building and practice development.
- Seeking and acting on feedback from patients and the public**
- The practice encouraged and valued feedback from patients and the public. It had gathered feedback from patients through a suggestion box, patient surveys, the NHS Choices website, and complaints received. An example of how the practice used feedback was to reposition the receptionist at the desk to face patients directly. This had been done as some patients had felt they were being ignored because they could not see the receptionist was using the telephone.
 - The practice monitored monthly feedback from the Family and Friends Test (FFT). The returns indicated that 78% of patients who responded would be 'extremely likely' or 'likely' to recommend the surgery to others since the test was introduced.
 - The patient participation group (PPG) had previously reviewed the practice's internal patient survey results and had agreed actions with the practice in response to the feedback received. For example, developing a text reminder service for appointments. There was limited evidence of recent changes implemented as a result of the PPG's influence, and they described that communication had been difficult over recent months due to the absence of key staff. We were informed that the group was undergoing some transition and a new chair was to be appointed. The practice were considering a wider patient group to represent an alliance of local practices, but this was in early discussions.