

# Tudor House 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		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 Tudor House Medical Practice on 1 March 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. Lessons were shared to ensure appropriate action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed. This included health and safety considerations such as ensuring equipment was safe to use, infection control measures and medicines management which kept patients safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. A programme of continuous clinical audit was in place which drove quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patient feedback which included the National Patient Survey rated the care provided highly.
- The practice had not however considered the needs of all its service users. The practice had a low number of registered carers.
- Information about services and how to complain was available and easy to understand. Reception staff we spoke with knew the procedure in place for addressing complaints.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. Practice management supported staff training and development. The practice sought feedback from staff and patients, which it acted on.

# Summary of findings

The area where the provider should make improvements are;

The provider must ensure it considers the arrangements in place for identifying carers and deliver care and treatment that reflects the needs of these patients.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. All staff knew how to report events and documentation provided supported this robust assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support and information, and a verbal and written apology when appropriate. 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. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring enough staff were employed to meet patient needs and suitable emergency procedures in place if a patient presented with an urgent medical condition.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly above average for the locality and comparable to the national average. The practice had achieved 95.5% of available QOF points in 2014/15. The practice's overall exception rate reporting was 6.7% which was below the CCG average of 8.9% and national average of 9.2%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute Clinical Excellence (NICE) .
- Clinical audits demonstrated quality improvement including improved patient outcomes. For example a vitamin D audit undertaken resulted in changes to the patient recall system to ensure patients received appropriate treatment.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with felt supported by management and were encouraged to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff. We reviewed a sample of these documents which supported a robust approach to supporting staff had been adopted by practice management.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Regular meetings were held amongst these staff and detailed records were completed.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. This included 91% who said the last GP they saw was good at listening to them compared to the CCG average of 87% and national average of 89%. Data also showed that 96% patients considered receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about some of the services available was easy to understand and accessible.
- The practice had two patients registered as carers and more efforts to identify carers and engage with this group were required.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Extended hours appointments were available for those who could not attend in working hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was reflected in the national GP patient survey. For example:

# Summary of findings

- 91% patients said they could easily get through to the surgery by phone which was above CCG average of 74% and national average of 73%.
- 76% patients said they usually get to see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice operated in-house ECG (electrocardiogram) and phlebotomy services which enabled patients' test results to be received quickly.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with were clear about the vision and their responsibilities in relation to this.
- 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 governance 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 partners encouraged a culture of openness and honesty and this was supported in discussions we held with staff. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff when required to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was small but active and a collaborative approach was demonstrated.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in staff development, audits undertaken and the practice plans for the future.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had recruited an additional nurse whose responsibilities included undertaking health checks for patients aged over 75. These health checks started in March 2016.
- 77% of the practice patients aged over 75 had received their flu vaccination to date.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice provided medical services for 41 older patients living in care facilities.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority and appropriate action was taken to reduce the likelihood of attendance.
- National data showed the practice was performing in line with the local CCG average for its achievement within eleven diabetes indicators. The practice achieved 79.7% of the available QOF points compared with the CCG average of 79.1%. Achievement was however below the national average of 89.2%.
- 80.1% of patients diagnosed with asthma, on the register, had an asthma review in the last twelve months. This was above the CCG average of 75.5% and national average of 75.3%.
- Longer appointments and home visits were available when needed.
- The practice had 762 patients with chronic diseases registered. All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- Practice supplied data showed that 639 patients (83.86%) had received these checks though this data had not been verified and published. 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.

# Summary of findings

## Families, children and young people

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

Good



- 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 A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 73.5% to 98.6%. This was comparable to CCG averages which ranged from 86.9% to 96.3%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and our discussions with staff supported this.
- Appointments were available outside of school hours. The practice had an open door policy for children aged under five and children under two were only seen by a partner or senior doctor. The premises were suitable for children.
- We saw that effective collaborative working took place between doctors in the practice, midwives and health visitors.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours appointments with early and late sessions on varying days with all GPs. Pre-booked appointments were available on a Saturday at another local GP practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Yearly flu clinics were run on a Saturday which would benefit working age patients who preferred weekend attendance.
- 84.1% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing above the CCG average of 81.5% and national average of 81.8%.

## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 45 patients on the learning disability register, and 40 (89%) of these had received an annual health check in 2014/15. We were provided with data from the practice which showed the CCG average was 39%.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Records reviewed showed that patients received ongoing care and support from the appropriate health care service(s).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice clinicians had undertaken specialised domestic violence and abuse training (IRIS) and we were provided with examples of how this training had benefitted vulnerable patients.
- Staff we spoke with 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.

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

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

- 97.1% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 83.6% and above the national average of 88.3%. Exception reporting was 11.2% below CCG average and 12.6% below national average.
- 77.4% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was broadly in line with the CCG average of 83.9% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. All patients identified as having dementia had been included in the practice's avoiding unplanned admissions register.

Good



## Summary of findings

- 88.9% of patients aged 18 or over with a new diagnosis of depression had been reviewed between 10 to 56 days after their diagnosis. This was above the CCG average of 84% and above the national average of 84.5%.
- We saw limited information displayed in the practice about how patients experiencing poor mental health could access various support groups and voluntary organisations. We noted that signposting information was displayed for those who had been involved in substance misuse. We did not see information available on the practice website.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed that the practice was performing above local and national averages. A total of 278 survey forms were distributed and 104 were returned. This represented a completion rate of 37.4% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).

- 91% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 9 comment cards which were all positive about the standard of care received. The majority of comments referred to an excellent service provided and that all staff were friendly, helpful and took their time to listen.

We spoke with 4 patients during the inspection. These patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice's results from the friends and family test showed that within the last six months 96% of patients would recommend the practice to their friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

The provider must ensure it considers the arrangements in place for identifying carers and deliver care and treatment that reflects the needs of these patients.

# Tudor House Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Tudor House Medical Practice

Tudor Medical Practice is located in Sherwood in the north of Nottingham. It is approximately 1.5 miles from Nottingham City Centre. There is direct access to the practice by public transport and some limited parking is also available on site.

The practice currently has a patient list size of approximately 6,000 patients.

The practice holds a Personal Medical Services (PMS) contract to deliver care to the public.

The number of patients of working age registered at the practice is higher than national average. A higher number of those of working age registered at the practice are employed compared with the local CCG average.

The practice is managed by two GP partners, (both male) who work on a full time basis. The practice also has a GP associate (female) who works part time. (0.4 Whole Time Equivalent, WTE). They are supported by clinical staff; one

full time female senior practice nurse, one part time female practice nurse and two part time female healthcare assistants. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice is a training practice for doctors in their second year of qualification (FY2). Two of these doctors work at the practice on an annual basis.

The practice is open on Mondays 8am to 7.30pm, Tuesdays 8am to 7pm, Wednesdays 8am to 6.30pm, Thursdays 8am to 1pm and Fridays 8am to 6.30pm. Appointments are available Mondays 8am to 7.30pm, Tuesdays, 8am to 6.30pm, Wednesdays 8am to 6.30pm, Thursdays 8am to 1pm and Fridays 8am to 6.30pm. Practice patients are also able to pre book routine appointments on Saturday mornings with another designated practice within the CCG. This is part of a responsiveness contract commissioned by the CCG. The practice advertises this service in its patients waiting area.

The practice has opted out of providing GP services to patients out of hours. During these times GP services are provided by Nottingham Emergency Medical Services.

When the practice is closed, there is a recorded message giving out of hours details

## 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

# Detailed findings

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

## How we carried out this inspection

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

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GP partners 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to ensure action was taken to improve safety in the practice. We were provided with a copy of a safety alert which involved an individual attempting to obtain additional medicines inappropriately. The alert had been disseminated by the practice manager to reception staff. Staff had retained a copy of this so they were aware of action to take if they came into contact with the subject of the alert.

When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, an error regarding a dosage of medicine prescribed to a patient was quickly identified by one of the practice clinicians. The patient was contacted and provided with an explanation and apology. The practice introduced additional measures which included an alert on their system to prompt clinicians when prescribing particular medicines.

### Overview of safety systems and processes

The practice 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 that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details for external agencies were also displayed within the practice to ensure these

could be referred to quickly if required. There was a lead member of staff for safeguarding and all staff could identify who the lead was. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- The practice GPs had undertaken specialised training in domestic violence and abuse (IRIS). Core areas of the programme include training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services.
- Notices in the waiting area and in clinical treatment rooms advised patients that chaperones were available if required. All non clinical staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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).
- The practice maintained appropriate standards of cleanliness and hygiene and had a contract with an external company to clean the premises daily. We noted that audits of cleaning took place at least every month to ensure effectiveness. We also observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who had recently taken over the role. The nurse told us that liaison had taken place 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. The last infection control audit had been undertaken in December 2014. We saw evidence of action taken to address any improvements identified as a result. For example, carpets had been removed in treatment rooms.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription paper used in computers was securely stored and there

## Are services safe?

were systems in place to monitor its use. Separate prescription pads were not used by the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed eight personnel files including three files related to locum doctors. We found appropriate recruitment checks had been undertaken prior to employment in relation to the five substantive staff employed. For example, proof of identification, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The clinical staff files we reviewed did not contain evidence of staff qualifications, but the practice had obtained information relating to staff professional registration. The practice had used locums through an agency and we noted that the practice had received assurance regarding their proof of identity, disclosure barring service checks, professional registration and employment history.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, and all staff had received training in their induction programme. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly. All testing was last undertaken in November 2015.
- 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). The risk assessment undertaken in August 2015 identified subsequent actions to be taken by the practice. We found these actions had been completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff absence was covered accordingly, for example, locum doctors were utilised when clinical cover was required. The practice was in the process of recruiting additional administrative staff because of vacancies which had arisen.

### Arrangements to deal with emergencies and major incidents

The practice had robust 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Staff had been supplied with a copy of the plan and key staff held a copy off site. The plan had been updated in December 2015 and included emergency contact numbers for staff. We noted that emergency contact details were also posted on a notice board where reception and administrative staff worked.



# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice told us they worked collaboratively with the trainee doctors in place by involving them in audits undertaken.

### 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 95.5% of the total number of points available, with 6.7% exception reporting. (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). The practice was below the CCG and national average for its overall exception reporting (CCG 8.9%, national 9.2%). 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 76.7% which was slightly below the CCG average of 79.1% and below national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was above the CCG average of 82.6% and above the national average of 83.6%. Exception reporting was 0.3% below CCG average and 0.4% below national average.
- 97.1% of patients with a mental health condition had a documented care plan in place in the previous 12

months. This was above the CCG average of 83.6% and above the national average of 88.3%. Exception reporting was 11.2% below CCG average and 12.6% below national average.

The practice informed us that whilst they acknowledged they had excelled in relation to some of their QOF performance, they had recognised that performance could also be improved in relation to some other areas of activity, for example diabetes. We were informed that the practice nurse was working alongside a specialist diabetes nurse to improve practice performance.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits undertaken in the last two years. These included patients with ADHD receiving medicines and an audit of coil and implant fitting and removals. We reviewed a completed audit relating to the management and treatment of patients with vitamin D deficiency. This audit was undertaken in 2015 in response to guidelines produced by Nottinghamshire Area Prescribing Committee. The resulting outcomes from this audit demonstrated an increased number of patients being monitored in accordance with the guidelines and an improvement to the patient recall system for reviews.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We reviewed an audit undertaken by the practice into patient self harm and suicide which was peer reviewed by another local practice. The audit identified a number of actions required to improve services for patients with mental health needs which were being implemented. This included an improved patient recall system after the patient had first attended the practice.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, clinicians reviewing patients with long-term conditions. The practice nurse we spoke with informed



# Are services effective?

## (for example, treatment is effective)

us that she had undertaken training in spirometry. Spirometry is a test that can help diagnose various lung conditions, most commonly, chronic obstructive pulmonary disease (COPD). It is also used to monitor the severity of some other lung conditions and their response to treatment. The nurse also advised us that she had recently updated her training in diabetes. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example access to on line resources and discussion at practice meetings.

- 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 during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We reviewed a staff training matrix which included details of training undertaken by staff, the provider of the training, when it was completed and when it was due for update. Staff we spoke with told us that time was routinely set aside by the practice management to enable staff to update their 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We contacted two care home managers where older patients and those with learning disabilities were resident. These patients were registered with the practice. All feedback received was extremely positive regarding the effectiveness of the practice clinicians in providing care and one manager commented that the service had significantly improved in the last year.

The practice had contacted all its patients aged over 75 to identify their consent to share status, which resulted in 92% providing consent. This has enabled effective information sharing between the practice and community services involved.

The practice utilised local data to identify patients who had attended hospital and analysed whether such admissions were appropriate and how they could be avoided. We saw evidence that showed multi-disciplinary team meetings took place regularly and patients at risk of hospital admission were also discussed and care plans were routinely reviewed and updated. The most recent meeting had taken place in February 2016.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff provided us with details of training they had undertaken.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear we were told that the clinician would assess the patient's capacity and, record the outcome of the assessment.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice identified a number of their patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition, those with mental health problems and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group, (New Leaf) who saw patients in the practice. The practice had sent smoking cessation advice letters to 307 of its patients and had updated 1200 patients records with their smoking status within the last twelve months.

The practice's uptake for the cervical screening programme was 84.1%, which was above the CCG average of 81.5% and the national average of 81.8%. The practice placed an alert on a patients file if they did not attend for their cervical screening. This acted as a prompt for discussion with the patient when they attended the practice. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data supplied by the practice showed that uptake for bowel cancer screening in the previous 30 months was 53.5% which was similar to the CCG average of 53.8%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 74.6% which was above the CCG average of 70.4%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.7% to 98.6% within the practice. The CCG rates varied from 91.1% to 96.3%. Five year old vaccinations ranged from 73.5% to 98.5% within the practice. The CCG rates ranged from 86.9% to 95.4%. The practice provided us with data that showed that their performance for childhood immunisations had recently increased. They stated they had undertaken more proactive measures for example, increased contact with patients to encourage take up of immunisations.

Data supplied by the practice showed that flu vaccination rates in 2015/16 for the over 65s were 76.8% (CCG average 71.9%) and at risk groups 54.4%. (CCG average 47.2%)

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. The practice provided NHS health checks data which showed that in the previous year 152 checks had been undertaken. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified. Practice data showed that four patients had been identified as high risk and one high risk patient had been referred appropriately.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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 and conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the nine 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One comment card stated that patients were fortunate to benefit from the service provided.

We spoke with the lead member of the patient participation group. They told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected.

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 GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average 87% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 94%, and national average of 95%.

- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 96% 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 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:

- 88% 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%.
- 89% 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%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

One of the care home managers we spoke with told us that the practice always took their time to listen to the views of the care home staff in the treatment of their residents.

Staff told us that translation services were available for patients who did not have English as a first language. The practice informed us that they had a very small number of patients who were non English speaking.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

There were some notices in the patient waiting room which told patients how to access support groups and organisations. This included carers support information.

The practice had two patients who were registered as carers on their computer system. We discussed this with the practice as this was significantly low and represented

just 0.03% of the practice population. They informed us that they would seek to deploy measures to identify other patient carers and acknowledged that they had not yet focussed on engagement with this group.

Staff told us that patients towards the end of their life had a nominated GP who would make contact with their family following bereavement if this was considered appropriate.

# 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 extended hours appointments for working patients to attend. Appointments were available from 8am weekdays to 6.30pm or 7.30pm four days a week.
- The practice offered a guarantee that all patients requiring to be seen on the same day would be offered an appointment or telephone call from one of the GPs.
- Home visits were available for older patients and patients who would benefit from these.
- The practice operated an open door policy for children under five to attend the practice.
- There were longer appointments available for patients with a learning disability. We were provided with examples where additional measures were put in place to ensure patients with learning disabilities received care to meet their individual needs. Coordinated care home visits were made to undertake health checks where a number of patients with learning disabilities were residing.
- The practice offered an in house ECG (electrocardiogram) and phlebotomy service. The phlebotomy service enabled patients' results to be received within 24 hours.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services.

### Access to the service

The practice was open on Mondays 8am to 7.30pm, Tuesdays 8am to 7pm, Wednesdays 8am to 6.30pm, Thursdays 8am to 1pm and Fridays 8am to 6.30pm. Appointments were available Mondays 8am to 7.30pm, Tuesdays, 8am to 6.30pm, Wednesdays 8am to 6.30pm, Thursdays 8am to 1pm and Fridays 8am to 6.30pm. The practice was closed during weekends although practice

patients were able to pre book routine appointments on Saturday mornings with another designated practice within the CCG. We found that pre-bookable appointments were available for those that may require them within one week.

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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 76% patients said they usually get to see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. We saw a leaflet displayed in the practice waiting area and the receptionist we spoke with was able to advise of the procedure in place.

We reviewed six complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, a complaint regarding a wound dressing led to an investigation and as a direct consequence, a number of actions were taken which included training review, follow up appraisal for staff and ensuring effective communications with the complainant.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which included the delivery of high quality patient centred care whilst building long lasting and effective relationships with patients. Staff we spoke with knew and understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored. The practice was proactively looking at additional services it could deliver and would meet the needs of the local population. It also had plans to expand its training hub for trainee doctors.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practice's review of patients at risk of hospital admission and continuous assessment of its performance against QOF data.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We were provided with audit data which identified improved patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. All incidents were analysed to ascertain whether the practice could have taken alternative action. For example, information sharing arrangements with external organisations were strengthened following a significant event that had occurred.

When there were unexpected or unintended safety incidents:

- The practice gave affected people information, reasonable support and a verbal and written apology when appropriate.
- They kept written records of verbal interactions and written correspondence which was reviewed. Effective systems and processes were put in place to ensure corrective measures were implemented as a consequence.

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

- Staff told us the practice held regular team meetings and we reviewed documents which supported this.
- Staff told us there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. A member of staff we spoke with gave examples of when they had directly approached one of the GP partners following patient care concerns. We found this demonstrated the open culture in place.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice had identified a

### Leadership and culture

# Are services well-led?

Good 

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

staff member as a champion to help develop its service provided to patients with a learning disability and had recruited an additional nurse to support in care provided for older patients over 75.

## **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 patient participation group (PPG) and through surveys and complaints received. There was a small but active PPG which met regularly, reviewed

patient surveys and submitted proposals for improvements to the practice management team. For example, we noted discussions had taken place regarding patient awareness of alternative services to accident and emergency (A&E). As a consequence of liaison between the PPG and practice management, information was displayed in the practice waiting area which included posters to raise awareness.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.