The Linden Medical Group

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Linden Medical Group on 27 March 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, responsive and well-led services. It also required improvement for providing services for all the population groups we inspected. It was good for providing an effective and caring service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, appropriately reviewed and addressed on most occasions.
- Recruitment checks and risk assessments linked to chaperone duties were not adequate and needed to improve.
- Performance data showed patient outcomes were in line or below the local and national averages. We saw that clinical audits had been carried out and this was driving improvements in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Patients said improvements had been made to the phone access and urgent appointments were usually available on the day they were requested. However, data reviewed and patient feedback showed patients sometimes had to wait a long time for non-urgent appointments and continuity of care was not always maintained.
- Information about how to complain was not easily available to patients. Systems in place for documenting complaints received, investigations undertaken, responses provided to patients and shared learning with staff required strengthening to reflect appropriate complaint handling.

Summary of findings

- There was a clear leadership structure but the governance structure needed strengthening to ensure the systems to enable the providers to assess and monitor the quality of the service and identify, assess and mitigate risks were effective.

The areas where the provider must make improvements are:

- Ensure all staff records include necessary employment checks stipulated in Schedule 3 (Information Required in Respect of persons seeking to carry on, manage or work for the purposes of carrying on, a regulated activity).
- Ensure the complaints process is well publicised and brought to the attention of patients, visitors and staff in a suitable manner and format, and suitable records are kept to reflect established principles of good complaint handling and shared learning with staff.
- Ensure governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision are strengthened. This includes secure storage of confidential personal information and blank prescriptions.

In addition the provider should

- Improve the phone access, availability of non-urgent appointments, waiting time for appointments and continuity of care.
- Take more proactive steps to ensure patients with a learning disability have an annual health check.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

Some risks to patients who used services were assessed but the systems and processes to address some risks were not implemented well enough to ensure patients were kept safe.

For example; there was information and documentation missing from some staff files Additionally, Disclosure and Barring Service (DBS) checks or risk assessments were not in place for all staff undertaking chaperone duties. Additionally, prescription handling needed strengthening to ensure they could not be misused.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

There were enough staff to keep patients safe. The practice had identified the need to recruit additional nursing staff to meet patient demand and plans were in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed most patient outcomes were at or below average for the locality. However, records provided by the practice showed improvement work had been undertaken to address areas of concern through the use of clinical audits and review of patients care and treatment.

Some of these areas included: increasing the dementia diagnosis rates, health promotion and screening checks and the recording of vital checks or treatment offered for long term conditions such as diabetes and asthma.

Patient's needs were assessed and care was planned and delivered in line with current legislation and best practice guidelines. Most staff had received training appropriate to their roles and there was evidence of appraisals and personal development plans.

Staff worked with multidisciplinary teams to ensure the delivery of coordinated care for patients with complex care needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

Data reviewed showed patients rated the practice in line with the local and national averages for most aspects of care. For example, in explaining tests and treatments as well as confidence and trust in the last GP or nurse they spoke with.

Patients said they were treated with compassion, dignity and respect and most of them felt they were involved in decisions about their care and treatment.

The practice made use of clinical audits to improve the number of patient health reviews and care plans, specifically for people experiencing poor mental health and dementia.

Information to help patients and carers understand the available services were easy to read and access. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

Feedback from patients showed they had to wait for some time for non-urgent appointments and that it was difficult to get to the practice when telephoning to make an appointment on occasions.

Although urgent appointments were usually available the same day, access to a named GP and continuity of care was not always available quickly. This was supported by available data.

For example, the national patient survey results showed only 41% of respondents with a preferred GP usually got to see or speak to that GP compared to a local average of 66% and national average of 60%. The practice had made changes to its phone access and appointment system to try and improve access.

Information about how to complain was not easily available and there was limited evidence to confirm that complaints were handled appropriately and there was shared learning with staff.

The practice had reviewed the needs of its local population and it had plans in place to secure improvements for all of the areas identified. The practice was equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

The practice had a vision and strategy to deliver good quality care to its patients. Most staff were clear about the vision and their responsibilities in relation to this.

Summary of findings

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.

The systems in place to monitor and improve quality and identify risk needed strengthening to ensure risks were assessed and minimised. This included maintaining patient information confidential, having safe arrangements for chaperoning and ensuring patients could raise complaints which would be fully investigated and responded in an open and timely way.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

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

Requires improvement

The provider was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed with some below the local and national averages. In response to this, the practice had undertaken clinical audit work to improve patient outcomes. Data supplied by the practice indicated this was having some positive effects.

The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Every patient over the age of 75 years had a named GP. Influenza and shingles vaccinations were offered to older patients in accordance with national guidance.

Home visits to patients in their own homes or care homes were carried out when requested. Monthly multi-disciplinary meetings were held to ensure integrated care for older people with complex health care needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for some long term conditions such as diabetes, hypertension and asthma were below the local and national averages.

Improved outcomes had been achieved through use of clinical audits and improved recall systems to encourage patients to attend for their health reviews. Patients were offered structured annual reviews to check that their health and medication needs were being met.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For those people 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

Requires improvement

The provider was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 were relatively high for all standard childhood immunisations.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The uptake of health screening checks had been identified as an area of improvement for the practice. This included NHS health checks for people aged 40 to 74 and smoking cessation advice.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified carers and people with learning disabilities as people whose circumstances may make them vulnerable.

There were 43 patients with a learning disability on the practice register and 34 patients had been offered a health check. Sixteen out of 34 of these patients had received an annual health check and five more health checks were booked in before 31 March 2015.

Summary of findings

The practice worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients and carers were signposted to various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Most 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)

Requires improvement 

The provider was rated as requires improvement for providing safe, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Forty out of 51 (78%) patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Improvements had been made to ensure patients had received a diagnosis, health reviews and an appropriate care plan was in place.

Systems were in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff carried out advance care planning for patients with dementia and most staff had received dementia awareness training.

Summary of findings

What people who use the service say

We received six completed comment cards. All had positive comments, expressing views that the practice offered a good service with understanding, caring and compassionate staff.

Two comment cards also included negative comments in relation to: difficulty to getting through to the service via the telephone; the period in which pre-bookable appointments could be made in advance; and waiting times for appointments

Four patients told us they were generally happy with the care they received and acknowledged some improvement in the accessibility of appointments. Staff were described as polite and friendly; although some patients felt they were not always listened to by the clinicians.

Less positive comments were in respect of waiting times and specifically not being informed of any delay, telephone access and the limitations of the appointment system.

The practice had conducted a patient survey during 2013/14 and 240 patients responded to the survey.

- 80% of patients said they were happy with the current practice opening hours.
- 70% said their overall experience of making an appointment was 'very or fairly good' and
- 83% of patients they were 'likely or extremely likely' to recommend the GP practice.

The results of the January and February friends and family test 2015 showed 84% of respondents accessing care from the Stapleford and Wollaton surgeries would recommend the practice to other patients.

One hundred and nineteen patients responded to the national patient survey values achieved were mostly in line or lower than the local clinical commissioning group (CCG) and national averages. For example, the three areas the practice was rated best were:

- 96% of respondents had confidence and trust in the last GP they saw or spoke to compared to local and national averages of 95%
- 97% of respondents had confidence and trust in the last nurse they saw or spoke to compared to a local (CCG) average of 98% and national average of 97%
- 86% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a local (CCG) average of 86% and national average of 85%.

The three areas were this practice could improve were:

- 41% of respondents with a preferred GP usually get to see or speak to that GP compared to a local (CCG) average of 66% and national average of 60%
- 62% of respondents would recommend this surgery to someone new to the area compared to a local (CCG) average of 82% and national average of 78%

48% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a local (CCG) average of 66% and national average of 65%.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff records include necessary employment checks stipulated in Schedule 3 (Information Required in Respect of persons seeking to carry on, manage or work for the purposes of carrying on, a regulated activity).
- Ensure the complaints process is well publicised and brought to the attention of patients, visitors and staff in a suitable manner and format, and suitable records are kept to reflect established principles of good complaint handling and shared learning with staff.

Summary of findings

- Ensure governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision are strengthened. This includes secure storage of confidential personal information and blank prescriptions.

Action the service SHOULD take to improve

- Improve the phone access, availability of non-urgent appointments, waiting time for appointments and continuity of care.
- Take more proactive steps to ensure patients with a learning disability have an annual health check.

The Linden Medical Group

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, two CQC inspectors and a practice nurse.

Background to The Linden Medical Group

The Linden Medical Group provides primary medical care services to approximately 10,700 patients. The Stapleford Care Centre is located in church street, Stapleford, Nottingham, NG9 8DA. The practice also has a branch surgery in Wollaton approximately two miles away. Patients registered at the practice can be seen at either surgery dependent on their choice.

Data indicated the practice was located in an area of higher social deprivation, which generated an increased demand for primary medical services. The practice has a General Medical Services (GMS) contract with NHS England.

There are six GP partners at the Linden Medical Group and a locum GP covering maternity leave. There are five male GPs and two female GPs. The current nursing team comprises of two practice nurses and two healthcare assistants. The practice has successfully recruited a third practice nurse who will start in April 2015.

The clinical team are supported by two practice supervisors and an administrative team comprising of reception staff, an audit clerk and secretary.

Linden Medical Group has opted out of providing out-of-hours services to its own patients during the evenings and at weekends and this is provided by Nottingham Emergency Medical Services (NEMS).

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. This inspection was planned to check whether the provider was 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

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

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 March 2015.

During our visit we spoke with a range of staff (GPs, a practice nurse, a health care assistant, practice supervisor and reception staff). We observed how people were being cared for and talked with four patients who used the service. We received six comment cards where patients shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety included including reported incidents and national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and saw that each event had been investigated and discussed with staff to share learning. This showed the practice had managed these over time and could evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Staff recorded the details on designated forms and the events were discussed at clinical and practice meetings. Where patients had been affected by something that had gone wrong, they were given an apology and informed of the actions taken.

We tracked eleven significant events recorded since April 2014. Examples of these events related to information governance, the premises, vaccinations and urgent tasks not completed within 24 hours.

Records were completed in a comprehensive manner and meeting minutes confirmed learning from significant events was shared with staff. All staff knew how to raise an issue for consideration at the meetings and were encouraged to do so.

National patient safety alerts were disseminated by the practice supervisor to the most appropriate person. Staff were able to give examples of recent alerts relevant to the care they were responsible for. For example, a clinician told us about a recent alert they had received regarding a medicine used in the treatment of high blood pressure.

Reliable safety systems and processes including safeguarding

The systems to ensure vulnerable children and adults were safeguarded were robust. GPs were appropriately using the required codes on their electronic case management system to ensure risks were clearly flagged and reviewed including situations of domestic violence or substance misuse.

Safeguarding meetings were held every six to eight weeks to review children at risk of abuse. Meeting minutes demonstrated good liaison with other professionals such as the health visitor, child health nurse and school nurses.

The practice had safeguarding policies and two GPs identified as leads for safeguarding vulnerable adults and children. All the staff we spoke with were aware who these leads were. Most staff had received training in respect of safeguarding to a level appropriate to their role. They knew how to recognise signs of abuse in older people, vulnerable adults and children and were also aware of their responsibilities to share information. Contact details were easily accessible.

There were posters displayed in the waiting room informing patients of their right to have a chaperone present during an intimate examination. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.

However, not all nursing staff including health care assistants had been trained to be a chaperone. Some reception staff had only just applied for DBS checks in spite of acting as chaperones and there was no risk assessments for non-clinical staff who carried out chaperone duties whilst awaiting a response from the Disclosure and Barring Service (DBS).

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.

Medicines management

Medicines management systems were robust. There were systems to ensure medicines and vaccines were secured, in date and stored at the appropriate temperatures. Learning had been shared following a cold chain incident and action was taken to ensure vaccines were destroyed to ensure patient safety and re-ordered. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice nurses administered immunisations using patient group directions (PGDs) that had been produced in

line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Records reviewed showed the practice's PGDs were in date and had been signed by practice nurses who had received appropriate training to administer immunisations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were not always handled in accordance with national guidance and kept securely. Blank prescriptions were left within the closed printer tray in an unlocked room; these were secured by staff when it was brought to their attention.

Cleanliness and infection control

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The premises were visibly clean and tidy. Cleaning was carried out by the building management company / landlord as part of a service level agreement.

Monthly audits of cleaners were carried out by the landlord; and a building management meeting was held every three months to discuss issues such as cleanliness and infection control. Records confirmed this.

There was a lead for infection control who was trained to undertake her role. All staff had received training about infection control specific to their role, but this had not been updated yearly in line with the provider's policy. The hepatitis B immunity for all clinical staff was checked to ensure they were safe to work with patients.

There was an infection control policy and supporting procedures to help staff plan and implement measures to control infection. There were adequate stocks of personal protective equipment and notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

An audit had been completed in March 2015 and was due for review in March 2016. Improvements identified for action had been completed on time.

A policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal) was in place and the building management company took a lead in overseeing these checks and the necessary risk assessment. We saw records that confirmed weekly water testing checks were completed to reduce the risk of infection to staff and patients.

Equipment

There was sufficient equipment to enable staff to carry out diagnostic examinations, assessments and treatments. All equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of 04 September 2014. We saw evidence of calibration of relevant equipment on 06 January 2015; for example weighing scales, spirometers, blood pressure measuring devices and nebulisers.

Staffing and recruitment

The systems in place for safe recruitment of staff were not robust. We looked at six files for staff that had been employed since the practice was registered. Some files did not contain satisfactory information about the physical or mental health conditions for staff which were relevant to their ability to work, evidence of conduct in previous employment or references, qualifications and criminal records checks through the Disclosure and Barring Service (DBS).

There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty which included leave cover. Some staff told us there was a high demand for nursing appointments and the practice management was in the process of recruiting an additional nurse having recognised this need.

Monitoring safety and responding to risk

A fire risk assessment had been carried out in July 2014. The risk assessment included actions required to maintain fire safety and records showed most staff were up to date with fire safety training. Fire drills were held annually and fire alarm testing was undertaken weekly.

Systems, processes and policies were in place to manage and monitor risks to patients, staff and visitors to the practice including health and safety checks. Risks were discussed at a range of meetings including clinical, GP partners' and practice meetings.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies and had received training in basic life support. Emergency equipment and medicines were available in a secure area.

This included including access to oxygen; an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and medicines to treat anaphylaxis and hypoglycaemia. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies and / or risks that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building.

The business plan had been updated in February 2015 and records showed the contents were discussed at a GP partners meeting and circulated and displayed for staff reference.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs told us they lead in specialist clinical areas such as diabetes and asthma; and practice nurses supported this work. Clinical staff described patients were reviewed at required intervals to ensure their treatment remained effective. For example, structured annual reviews for various long term conditions such as diabetes, asthma and heart failure were undertaken; and patients were referred to other secondary care services when required. Patients we spoke with confirmed this.

The GPs and practice nurse we spoke with demonstrated a good level of understanding and knowledge of current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. There were only limited records to evidence that new guidelines were discussed with the team.

Some clinical staff told us the review of new NICE guidelines was left to individual learning and may not ensure a coordinated approach to achieving the best health outcomes for patients.

The clinical staff used computerised tools and their knowledge of vulnerable patients to identify patients at high risk of admission to hospital. These patients were reviewed regularly to ensure multi-disciplinary care plans were documented in their records and that their needs were being met to reduce the need for them to go into hospital.

The practice was commissioned for the unplanned admissions enhanced service and 2% of at risk patients had care plans in place. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract to address specific health needs and priorities. Systems were in place to follow-up on patients discharged from hospital to ensure that all their needs were continuing to be met.

Data supplied by NHS England showed the practice's rates for emergency admissions in 2014 were mostly in line with the clinical commissioning group (CCG) average and below the national average. For example, the practice value for A&E attendance rates was 62.2 compared to the CCG average of 63.1 and national average of 82.26.

The GPs we spoke with used national standards for the referral of patients with suspected cancers to be seen within two weeks. The statistics collated by the national cancer intelligence network showed 57.3% of new patients referred under the two week wait system received a diagnosis of cancer. This was above the CCG average of 55.3% and national average of 48.8%;

showing that the practice was referring patients appropriately.

A clinical audit had also been completed in respect of skin cancer suspected referrals (two-week wait referral) made between May 2013 and May 2014. The findings showed 80 patients had been referred over the 12 months with records showing:

- No results for five patients
- 47 out of 75 (62.7%) patients had a benign (non-cancer) diagnosis and
- 28 out of 75 (37.3%) patients had a malignant (cancerous) or pre- malignant diagnosis.

Further training on skin cancers had been undertaken by clinical staff within the audit cycle.

Management, monitoring and improving outcomes for people

The practice showed us 15 clinical audits that had been undertaken within the last 12 months. Eleven of these were completed audits. The practice was able to demonstrate the positive changes resulting since the initial audit in ten of the eleven audits. For example, the aim of one audit was to:

- analyse the treatment for patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) and
- to ensure their medical notes had a recording of CHADS2 score (an acronym for congestive heart failure, hypertension, ageless than 75, diabetes mellitus, and prior stroke or transient ischemic attack. The score is used to assess stroke risk prediction in patients).

The first audit identified 88.6% of patients were on the correct treatments and11.4% were not yet on treatment. The information was shared with GPs and patients were opportunistically offered a review where appropriate.

A second clinical audit was completed eight months later which demonstrated that 97.4% were now on appropriate

Good

Are services effective?

(for example, treatment is effective)

treatment and alerts were added to the medical notes for 2.6% of patients not on treatment. Additionally, 100% of patients had the CHADS2 score recorded compared to the initial findings of 84%.

Other examples included audits linked to: long term conditions in patients who were housebound; blood pressure monitoring for diabetic patients and advanced care plans for people with dementia.

Data showed the practice's prescribing rates were similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF data for 2013/2014 showed that this practice had achieved 85.4% of QOF points which was below the CCG average of 95.1% and national averages of 93.5%.

Key areas where low QOF points were achieved included indicators for rheumatoid arthritis, mental health and hypertension. The practice was aware of the areas where performance was not in line with national or CCG figures. We saw examples of clinical audits that had been undertaken to improve on this and action plans setting out how other outliers were being addressed. Additionally we saw evidence of positive outcomes were achieved from these steps.

Effective staffing

Most staff were up to date with attending mandatory courses such as information governance and basic life support. There was a good skill mix among the doctors with two having additional diplomas in sexual and reproductive medicine, and two with diplomas in obstetrics and gynaecology.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation to enable them to continue to practise and remain on the performers list with NHS England.

Sixteen out of 24 staff had up to date annual appraisals and other appraisals had been planned for. Some staff told us the practice could be more proactive at providing training to support individual development needs rather than focussing on training the practice decided was necessary.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, the administration of immunisations and cervical cytology.

Working with colleagues and other services

There was a system for reading and acting on test results and letters from the local hospital out-of-hours GP services both electronically and by post. These communications and results were mostly seen and actioned by a GP on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings every month to discuss the needs of complex patients such as those with multiple long term conditions, experiencing poor mental health, people from vulnerable groups and those with end of life care needs. These meetings were attended by the community matron, end of life care coordinator, community and palliative care nurses as appropriate. Staff felt this system worked well.

A palliative care register was maintained and decisions about care planning were documented in patient records and required actions minuted to ensure the delivery of coordinated care. Care plans in place for patients with complex needs were also shared with other health and social care workers as appropriate.

Information sharing

Systems were in place to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice had made 81% (2,091 out of 2,591) of referrals last year through the Choose and Book system.

The practice had signed up to the electronic Summary Care Record and information about Summary Care records was available on the practice website.

Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the practice's computer system for future reference.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice had appropriate systems in place to gain and review consent from patients. This included up to date policies for documenting consent and training for staff to ensure they acted in accordance with the consent of patients' in relation to their care and treatment.

Staff we spoke with demonstrated awareness of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling them. They also gave examples of how a patient's best interests were taken into account if they did not have capacity to make a decision. This included supporting patients with a learning disability and those with dementia to make decisions through the use of care plans, which they were involved in agreeing.

Records showed written consent was obtained for minor surgical procedures, with a record of the relevant risks, benefits and potential complications of the procedure. We were shown an audit that confirmed written consent had been obtained and the signed form was stored in the patient's electronic records in all 43 cases where minor surgical procedures had been performed between April 2014 and February 2015.

All clinical staff demonstrated a clear understanding of Gillick competencies. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

All newly registered patients were offered a health check. The GP was informed of all health concerns detected and staff told us these were followed up in a timely way.

Practice data showed that 43.1% (354 out of 820) of patients aged 40-75 were offered NHS Health Checks in the last year; and 66.8% of the working age population had received blood pressure checks.

The practice had identified 616 patients over the age of 16 who smoked, and offered nurse-led smoking cessation clinics to these patients. Practice data showed 500 patients had received stop smoking advice and 45 people had stopped smoking.

Patients over 75 years of age had a named GP to provide continuity of care. The practice had identified 1,208 patients over the age of 75 who had been offered an annual health check and 923 had received a chronic disease check in the last year.

The practice kept a register of all patients with a learning disability and 34 out of 43 (79%) were offered an annual physical health check. We however noted that 49% had received a check up in the last 12 months and this was an area of improvement .

The practice had identified 81 patients with a diagnosis of a mental health (excluding dementia) on the practice register. Of these 51 were receiving active treatment and 100% had been offered a health check in the last year and 78% (40 out of 51) had attended for a heath check so far.

The practice's performance for cervical cytology uptake was 79.9% of eligible patients, which was in line with the CCG value of 81.2% and national average of 77.08%. Performance for national bowel cancer screening were about average for the CCG at 61% (the CCG average was 62%).

The available 2014/15 practice data showed most immunisations for children under two and five were in line / or above the CCG target achievement of 95%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

National patient survey published in 2015 showed most patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 83% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89% and
- 93% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.

We received six completed comment cards and the majority were positive about the service. Patients said the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

There was mixed evidence from the national patient survey in respect of patient involvement in decisions.

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%. The result was the same for nurses but this was in line with the CCG average (86% and the national average 85%).
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%. This figure was 85% in respect of nurses compared to the CCG average of 92% and national average of 90%.

Four patients told us they were satisfied with the care provided and said their health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

However, two patients felt they were not always listened to and supported by staff or had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Feedback on the comment cards showed all six patients were sufficiently involved in making decisions about their care.

The practice had systems in place to monitor the care plans in place for different population groups. For example, the practice had audited records for patients with a dementia and a poor mental health diagnosis to check they had received a review of their health care needs and a care plan was in place where appropriate.

The January 2015 audit showed that 62.5% of patients on the mental health register had a care plan in place; 12 patients had received review invitations but had not responded and six were due to be a sent a review invitation. The follow-up audit cycle for March 2015 showed improvements in that all patients had been invited for a mental health review and 88% had care plans in place.

Staff told us that translation services were available for patients who did not have English as a first language to support them in decision making about their care. Staff we spoke with told us they did not need to use this service often but knew how if needed.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed the practice did not perform as well as others in respect of enabling patients to cope emotionally with care and treatment.

- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%. This figure was higher for nurses at 89% but was still lower than the CCG average of 93% and national average of 90%.

The patients we spoke with and the comment cards we received highlighted that staff responded compassionately when they needed help and they were supported to access services to help them manage their treatment and care when it had been needed.

The practice had identified that 19.9% of its practice population had a caring responsibility. We saw useful information displayed on a notice board in the waiting

Are services caring?

room and on the practice website to help carers access support. The practice also kept a list of patients who were carers and alerts were placed on their patient records to help identify those who may require extra support.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice had taken steps to address identified needs. This included use of performance data and feedback from patient surveys to improve the delivery of care for different population groups and the overall patient experience. This included people with long term conditions, people experiencing poor mental health and those living with dementia.

The practice held monthly multi-disciplinary team meetings to discuss end of life care and patients with additional support needs. Professionals attending these meetings included GPs, practice nurses; the community matron and over 75s care coordinator.

The practice offered a range of services, for example minor surgery, ante-natal care, child health clinic and travel immunisations. The practice also provided a range of clinics for the management of long term conditions such as coronary heart disease, hypertension (high blood pressure), diabetes and asthma.

Routine blood tests were carried out by a trained phlebotomist in the practice. The practice also hosted a pain clinic twice weekly and this was accessible to patients within the local area.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, the practice purchased two higher chairs for elderly patients or people with physical impairments and changes had been made to the practice telephone services.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. A portable induction loop system was available for patients with hearing aids at both surgeries. The practice had a population of 98.5% English speaking patients and it could cater for other different languages through translation services.

Longer appointments were available for patients who needed them including people with long-term conditions and those experiencing poor mental health. The practice provided care and support to several house bound elderly patients and patients living in six care homes. Patients over 75 years of age had a named GP to ensure continuity of care.

The practice provided equality and diversity training through e-learning. Staff we spoke with gave examples of how they promoted anti-discriminatory and anti-oppressive practice in their work. There were male and female GPs in the practice which gave patients a choice in the gender of the GP they saw doctor.

The premises and services had been adapted to meet the needs of patient with disabilities. The waiting area was large enough to accommodate patients with wheelchairs and prams, and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available at Stapleford surgery from 8am to 12pm and 3.20pm to 6pm on weekdays. The appointments at the Wollaton branch surgery were available between 8am and 6pm four days per week, with the surgery being closed Thursday afternoon at 1pm, and between 1pm and 2pm Monday to Friday.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website.

If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

The patient survey information from January 2015 showed although patients responded positively to most questions about access to appointments; the achieved satisfaction scores were below the CCG and national averages.

- 75% said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 83%.
- 70% described their experience of making an appointment as good compared to the CCG average of 82% and national average of 83%.
- 64% were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 70%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 48% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%. This meant 52% of patients waited more than 15 minutes and this was corroborated by patients we spoke with on the day of our inspection.

In response the practice had implemented changes to the phone access and appointment system. Examples of changes included:

- same day access to both routine and emergency appointments were offered in the morning
- the practice changed the reception working pattern so that more staff were available to answer the phones during busy times.
- the duty doctor triaged all urgent requests after 11am by telephone
- Two routine telephone appointment slots were offered by the GPs as part of their afternoon surgeries.
- standard questions receptionists should ask on each call with the aim to help them in screening and allocating routine appointments efficiently had been introduced.

Most patients we spoke with acknowledged the recent changes to the appointment system however felt improvements were still needed to ensure ease of access and minimal waiting time to be seen.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Although information about how to make complaints was available on the practice website, it was not easily available within the practice. For example, there were no posters displayed and patients would have to ask for the complaints policy if required.

Two out of four patients we spoke with were not aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 10 out of 13 complaints received in the last 12 months and could not get an accurate picture of complaints handled by the practice and the resulting investigations. It was not always clear when the complaints were received as copies of written acknowledgement letters were not on file for some of the complaints we looked at.

It was also not clear what action had been taken, the patient outcome and how learning from the complaint was acted on especially when patients were responded to verbally. Minutes of team meetings showing that complaints were discussed showed limited evidence of shared learning.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice mission statement stated "we are committed to providing high quality and safe primary healthcare to our practice population within a learning environment". Staff we spoke with were committed to offering a friendly, caring and good quality service that was accessible to all patients. Some staff had an awareness of the practice vision and values and knew what their responsibilities were in relation to these but not all.

Governance arrangements

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control for both locations, and two GP partners were the lead for safeguarding children and adults. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

In spite of this, it was clear that the governance and oversight of the service needed strengthening to ensure the providers had: effective systems to enable them to assess and monitor the quality of the service they provided to patients; and could identify, assess and mitigate risks to the health, safety and welfare of patients and others. For example by having safe arrangements for chaperoning, to ensure that patients were protected and for ensuring patients could raise complaints which would be fully investigated and responded in an open and timely way.

We looked at a range of management and clinical meeting minutes and found that performance, quality and risks had been discussed. For example health and safety, finances and the practice's performance.

The practice had shared arrangements for identifying, recording and managing risks in liaison with the building management company. However, some risk assessments had not been carried out for risks we identified. For example confidential patient information being left in an unsecure area of a consultation room that was unlocked.

The practice had identified some areas for improvement but further action was needed in some areas to achieve positive outcomes for patients.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at ten of these policies and some staff had signed to confirm that they had read the policy and when. All policies and procedures we looked at had been reviewed and were up to date.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, ranging from weekly partner meetings, monthly clinical meetings and bi-monthly whole practice meetings. Most staff told us there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Some staff told us they were sometimes unable to attend meetings due to college commitments and / or part time working patterns and information was shared with them after the meeting.

Seeking and acting on feedback from patients, public and staff

The practice had an active patient participation group (PPG) which included 10 to 12 regular attendees. The PPG met every month and told us the group was well supported by the leadership and they were actively involved in the activities of the practice and CCG.

They described the role of the practice as a critical friend and gave examples of how the group supported service improvement. For example, PPG members were involved in testing and providing feedback on the online prescription ordering service and the practice website content.

The practice supervisor showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

The practice had gathered feedback from staff through practice meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Most staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically.

Are services well-led?

Requires improvement

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

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. The staff files that we looked at showed annual appraisals took place which included a personal development plan.

We received mixed feedback from non-clinical staff in respect of support received for additional training other than the training considered necessary by the provider. Training records showed most of the staff had attended the required training.

The practice had completed reviews of significant events and other incidents and these were shared at staff meetings to ensure shared learning and improved outcomes for patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found the registered provider did not operate effective recruitment procedures to ensure that staff were of good character, were physically and mentally fit for that work; and that information specified in Schedule 3 was available. There was no risk assessments in place for non-clinical staff undertaking chaperone duties; awaiting for the outcome of the Disclosure Barring Service checks (criminal record checks). This was in breach of regulation 21(a)(i)(ii)(iii)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19(1)(a)(b)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints We found the registered provider did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users. This was in breach of regulation 19(a)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found the registered provider did not effective systems in place to assess and monitor the quality of service provision. This included secure storage of confidential personal information and blank prescriptions.

This was in breach of regulation 10(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.