

# Dr Naomi Phillips

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	13
Background to Dr Naomi Phillips	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Naomi Phillips on 15 June 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and a system was in place for managing significant events and patient safety alerts. However, the recording and dissemination of this information needed to be strengthened.
- Risks to patients were assessed and well managed. This included arrangements for safeguarding vulnerable adults and children, recruitment checks and medicines management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; and clinical audits were completed.
- Published data for the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- Most staff had undertaken additional training to improve their skills, knowledge and experience.
- The ethos and culture of the practice prioritised providing a caring and responsive service and all staff were clear about their roles and responsibilities.
- Feedback from patients was positive and complimentary of the care received. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Most 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.
- Staff took into account the diversity and cultural issues impacting the health needs of the practice population. Specifically patients from black and minority ethnic groups who comprised 70.5% of the practice population, asylum seekers and refugees.

# Summary of findings

- Learning was shared with staff and / or improvements were made to the quality of care as a result of complaints and concerns. Information about services and how to complain was available.
- 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.
- The patient participation group (PPG) had started to be active from May 2016 and they had identified opportunities to improve the services delivered by the practice.
- Consider what steps can be taken to improve telephone access for patients.
- Proactively identify carers and ensure they are supported with information and advice relevant to their needs.
- Continue to recruit patient participation group members to take account of the views and feedback from patients in shaping service provision.
- Review the systems for ensuring training is completed by all staff.
- Strengthen the system of record keeping in relation to the management of the service.
- Continue to take proactive steps to monitor the health needs of patients with diabetes.

The areas where the provider should make improvements are:

**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.

- The practice had arrangements in place to keep patients safe and safeguarded from abuse. This included risks to patients being assessed and well managed. For example, processes related to medicines management, recruitment checks, health and safety and managing medical emergencies.
- The practice had systems in place for reporting, analysing and sharing lessons learnt from significant events and near misses. However, the process of documenting this information needed to be strengthened to ensure comprehensive records were kept.
- The process for managing patient safety alerts within the practice had been reviewed and strengthened following our inspection.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed the needs of patients and delivered care in line with current evidence based guidance.
- Published data for the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. The practice had achieved approximately 95% of the total number of points and this was three percentage points above the local average and in line with the national average.
- Clinical audits demonstrated quality improvement.
- Discussions with staff and records reviewed showed most staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health and social care professionals to coordinate the care of patients' with complex health needs.
- The practice identified patients who may be in need of extra support; and a range of health checks and screening programmes were offered to support patients' live healthier lives.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The July 2016 national GP patient survey results showed patients rated the practice in line with the local and national averages for most aspects of care relating to consultations with GP's; and marginally lower for interactions with nurses and reception staff. For example,
- 81% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared to the local and national averages of 85%.
- We observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Care plans were reviewed and updated for patients with complex care needs.
- The practice had identified 1% of its practice population as carers. Written information was not available to direct carers to the various avenues of support available to them on our inspection day. However, we received assurances this had been addressed following our inspection.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. For example, the practice identified patients at high risk of avoidable unplanned admissions and coordinated the delivery of their care in the community.
- Most 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.
- However, national GP patient survey data showed mixed results, with satisfaction scores for telephone access and waiting times below local and national averages. For example, 69% of the respondents described their experience of making an appointment as good compared to the local and national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included reasonable adjustments for patients with disabilities or impairments.

Good



# Summary of findings

- Translation and interpretation services were available for those who required them and some staff were bilingual which facilitated communication for people whose first language is not English.
- The practice had a complaints process in place and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. As a result of our inspection feedback, the complaints procedure, patient leaflet and practice website were updated to ensure information for patients was consistent and up to date.

## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients; and plans were in place to develop a supporting development / business plan. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity; but some records relating to the management of service required strengthening to ensure they were comprehensive.
- There was a clear leadership structure and staff felt supported by management; who encouraged a culture of openness and honesty.
- The system in place for monitoring staff training needed to be strengthened to ensure staff were up to date with mandatory and refresher training determined by the provider.
- Following our inspection, improvements had been made to formalise communication and dissemination of key information within the practice team. For example, facilitating monthly staff meetings and seeking feedback from staff through a staff survey.
- The patient participation group had recently become active and improvement work had been planned for the benefit of patients.

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.

- All patients aged 75 years and over had a named accountable GP.
- Older patients at risk of hospital admission were discussed at monthly multidisciplinary meetings hosted by the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data reviewed showed clinical outcomes for conditions commonly found in older people were above local and national averages. This included osteoporosis and rheumatoid arthritis.

Good



### People with long term conditions

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

- Data from the 2015-16 Quality Outcomes Framework (QOF) showed the practice was performing at or above local and national averages for most long term conditions with the exception of diabetes for example.
- The practice worked closely with the community diabetes specialist nurse to monitor patients' health needs and followed up patients who had not attended appointments.
- All these patients had a named GP and structured annual reviews were offered to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

- Records reviewed showed positive joint working arrangements with the midwife and health visitors to support and improve the care of children and family members.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk of abuse or deteriorating health needs.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.5% to 100% compared to the local average of 91.9% to 96.3%.
- Patient feedback confirmed children and young people were treated in an age-appropriate way and were recognised as individuals.
- Mothers had access to ante-natal and postal natal care, baby changing facilities and contraception advice.
- Appointments were available outside of school hours and on the same day if needed.

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure flexibility. For example, the practice offered telephone consultations and on-line booking for appointments and requests for repeat prescriptions.
- Patients had access to national screening programmes for breast, bowel and cervical screening. The practice's uptake rates were comparable to local and national averages. For example, approximately 74% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 75% and national average of 74%.
- Staff supported patients to live healthier lives by advising and / or signposting to them to support services for weight management, smoking cessation and to help reduce alcohol intake.
- The practice offered NHS health checks for patients aged 40 to 74 and treatment room services such as phlebotomy and vaccinations.

Good



## **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

- There was an increased awareness by staff to accommodate the diversity and cultural issues impacting the health needs of the practice population. Specifically patients from black and minority ethnic groups who comprised 70.5% of the practice population, asylum seekers and refugees.
- Translation and interpretation services were available for patients and longer appointments were provided for those who needed them to ensure effective communication of their health needs.
- The practice held a register of 26 patients with a learning disability. A total of 20 out of the eligible 24 (83%) patients had received an annual review and care plans were in place.
- The practice worked with other health and social care professionals in the case management of vulnerable patients. This included sharing key information about their health needs with the out of hour's service.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to safeguard patients and raise concerns with the GP lead and relevant agencies.
- Following our inspection, improvements had been made or were planned for to ensure vulnerable patients such as carers had to access various information on support groups and voluntary organisations.

## 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).

- The practice undertook reflective learning with two other GP practices using case studies based on patients who had attempted suicide or self-harmed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included supporting patients to access emergency care and treatment when experiencing a mental health crisis. A system was also in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Data showed:

- 85.7% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, and

Good



# Summary of findings

this was above the local average of 83.9% and national average of 84%. This was achieved with no patients being exception reported compared to a local and national exception rate of 8%.

- 93.1% of patients diagnosed with a mental health need had a comprehensive care plan in the last 12 months. This was above the CCG average of 83.6% and the national average of 88.3%. This was achieved with an exception reporting rate of 12.1% which was 0.9% above the CCG average and 0.5% below the national average.

# Summary of findings

## What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients commented that staff were very caring, helpful and polite. The GP was praised for being attentive, thorough in her assessment and giving sufficient time to patients to discuss their health care needs during consultations. One patient wrote they could not comment as it was the first time accessing the service.

We spoke with seven patients during the inspection. All but one patient said they were satisfied with the care they had received and thought staff were approachable, committed and caring. Patients felt they were treated with care and respect, and on most occasions could access GP appointments easily.

However, the patient feedback we received did not align with some of the national GP patient survey results published after our inspection (July 2016). A total of 363 survey forms were distributed and 82 forms were returned. This represented a 23% completion rate and 2.3% of the practice's patient list.

Most of the survey results showed the practice was performing below the local and national averages in relation to telephone access, appointments and waiting times. For example:

- 57% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and national average of 73%.

- 54% said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.
- 32% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 61% and national average of 65%. This meant 68% of patients waited more than 15 minutes.

The practice staff recognised access to the service was a priority improvement area and this had been explored further by undertaking a practice survey in May and June 2016 and with the patient participation group.

The practice achieved comparable satisfaction rates in respect of opening hours and consultations with the GP. For example,

- 90% of respondents said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 82% were satisfied with the surgery's opening hours compared to the CCG average of 78% and national average of 66%.

## Areas for improvement

### Action the service SHOULD take to improve

- Consider what steps can be taken to improve telephone access for patients.
- Proactively identify carers and ensure they are supported with information and advice relevant to their needs.
- Continue to recruit patient participation group members to take account of the views and feedback from patients in shaping service provision.
- Review the systems for ensuring training is completed by all staff
- Strengthen the system of record keeping in relation to the management of the service.

# Summary of findings

- Continue to take proactive steps to monitor the health needs of patients with diabetes.

# Dr Naomi Phillips

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses primary medical services.

## Background to Dr Naomi Phillips

Dr Naomi Phillips is a single handed GP providing care to 3 558 patients through a primary medical service (PMS) contract. Dr Phillips has been providing this service for 16 years. The practice is located in Radford Health Centre which is shared with three other GP practices and is close to Nottingham city centre. The practice has car parking facilities and is accessible by public transport.

The registered practice population is predominantly of Black and Ethnic Minority (BAME) background (70.5%). Some staff are bilingual and speak other languages such as Hindi and Urdu; which are spoken by some of the patients. The practice is ranked in the second highest decile for deprivation status; and the level of income deprivation affecting children and older people is significantly above the national averages.

Dr Naomi Phillips (female GP) works closely with the clinical team comprising of two regular locum GP locums (male) and two practice nurses. The clinical team is supported by a practice manager and a team of administrative and reception staff, including a medical secretary. One of the reception members of staff had a dual role as a health care assistant.

The practice opens from 8.30am to 6.30pm Monday to Friday with the exception of Thursdays when the practice closes at 1.30pm. GP appointments and telephone consultations for the morning surgery are available from 8.30am to 1.30pm daily. Afternoon surgeries start from 4pm to 6.30pm. Extended hours GP appointments had been stopped from April 2016 due to security issues at the health centre.

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

We previously inspected Dr Naomi Phillip's practice on the 30 October 2013 and all five standards inspected were found compliant.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations (NHS England, Nottingham City clinical commissioning group and Healthwatch) to share what they knew. We carried out an announced visit on 15 June 2016. During our visit we:

- Spoke with a range of staff (GP, practice nurse, practice manager, medical secretary, reception and administrative staff).
- Spoke with seven patients who used the service including three members of the patient participation group (PPG).
- Observed how patients were being cared for from their arrival at the practice until their departure.
- Reviewed 35 comment cards where patients shared their views and experiences of the service and information displayed for patients within the practice.
- Reviewed practice policies, records relating to the management of the service and treatment records of patients to corroborate our findings.

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

A system was in place for reporting and reviewing significant events; but improvements were required to ensure the recording of this information was comprehensive.

- Staff told us they would inform the practice manager or the GP of any incidents and a recording form was available on the practice's computer system.
- The practice had recorded and analysed seven significant events in the last 18 months.
- Staff told us they were reviewed at practice meetings and we saw some meeting minutes to confirm this. Some staff gave examples to demonstrate learning points were identified to improve safety in the practice.
- However, information recorded on significant events was not always sufficiently detailed in respect of the investigation outcomes and / or learning should staff need to refer to the meeting minutes at a future date. We received information from the practice following our inspection to show the system had been improved.

The process of cascading and reviewing patient safety alerts needed to be strengthened to ensure all staff were fully informed of alerts relevant to the practice and the action required.

- When medicine related alerts were received from the Medicines Health and Regulatory Authority (MHRA), the GP undertook searches on the clinical system to identify any affected patients and arranged a review of their medicines.
- The practice manager and lead GP received patient safety alerts via email, a paper copy was printed and kept on file and we were told staff were verbally informed of the alerts.
- However, records reviewed did not clearly reflect the patient alerts that had been considered as relevant to the practice and shared with staff. Following our inspection, we received meeting minutes held on 21 June 2016 which evidenced recent alerts had been discussed with staff and the overall process of managing

patient alerts had been reviewed with agreed action for all staff. For example, staff were to sign on the printed alert forms to confirm they had read and understood the action required or implemented.

### Overview of safety systems and processes

The practice had arrangements in place to safeguard patients from abuse and to keep them safe. For example:

- There was a lead GP for safeguarding children and vulnerable adults, and they were trained to child safeguarding level three. The GP attended regular safeguarding meetings with the health visitor and we saw documented evidence of actions agreed at these meetings. There was a system in place to highlight vulnerable patients including children and young people on the practice's electronic records system. This acted as a prompt to ensure staff were aware of any relevant issues when patients attended appointments or contacted the practice. Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities to share information, record safeguarding concerns and how to contact the relevant agencies. All staff had received safeguarding training specific to their role and had access to relevant policies.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS
- Patients we spoke with told us the premises were visibly clean and hygienic; and this was aligned with our observations. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were systems in place to maintain appropriate standards of hygiene and to minimise the risk of infection to people using the service. This included staff undertaking cleaning in line with prescribed schedules and a process for checking staff immunity status to Hepatitis B vaccinations. The most recent infection control audit was completed in June 2014 and the action plan had been reviewed in July 2015. Records that we looked at showed remedial action had been

## Are services safe?

taken to address identified improvements, which included monitoring of fridge temperatures. There was an infection control protocol in place and most staff had received up to date training.

We found effective systems were in place to manage medicines including vaccines and this kept patients safe. Processes were in place to ensure obtaining, prescribing, recording, handling, storing, security and disposal of medicines was in line with best practice guidelines. For example:

- Protocols were in place for handling repeat prescriptions which included the review of high risk medicines and prescriptions not collected by patients.
- Prescriptions were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure safe prescribing.
- 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 the production of patient specific directions to enable the health care assistant to administer vaccines when a GP or nurse were on the premises.
- We reviewed four staff files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. For example:

- A building risk assessment had been completed in November 2015 to check the safety and suitability of the premises and indoor furniture.
- A fire risk assessment had been completed in December 2013 and in June 2016 by an external agency. The report from the most recent assessment was yet to be shared with the practice.

- Fire doors were checked monthly and fire evacuation drills were undertaken. The most recent fire drill was completed on 20 April 2016 and most staff had completed fire safety training.
- The safety of equipment was checked at least annually. This included portable appliance testing for electrical equipment and calibration of clinical equipment to ensure it worked properly.
- The landlord had undertaken a formal risk assessment for Legionella in July 2013 and the management plan was implemented and kept under review. Another assessment had been completed in May 2016 and the practice was waiting for the report at the time of our inspection. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Members of staff covered each other's annual leave and absence. Two GP locums have been providing regular weekly sessions for more than 12 years. Staff we spoke with told us they were usually enough staff on duty to ensure patients were kept safe and to maintain the smooth running of the practice.

### Arrangements to deal with emergencies and major incidents

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

- Staff had access to panic buttons at their desks and / or an instant messaging system on the computers in all the consultation and treatment rooms which alerted colleagues to any emergency.
- Equipment for use in medical emergencies was available including access to oxygen and an automated defibrillator (used to attempt to restart a person's heart in an emergency). This equipment was shared with three other GP practices within the health centre. Records reviewed showed the emergency equipment was regularly checked to ensure it was fit to use.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and suitable to use
- All but one staff had completed up to date training in basic life support and anaphylaxis.
- A business continuity plan was in place to deal with a range of emergencies that may impact on the day to day running of the practice. Risks identified included power failure, staffing and access to the building. The plan included emergency contact numbers for staff and mitigating actions to manage the risks.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff had access to evidence based guidance to inform their assessment of patients' needs and delivery of care. This included the National Institute for Health and Care Excellence (NICE) and local prescribing guidelines.

- The GP and practice nurse we spoke with gave examples to demonstrate how they ensured care and treatment was delivered following evidence based guidelines. For example, they were able to outline their rationale for treatment approaches in respect of managing specific long term conditions and use of risk profiling tools in identifying patients at risk of a hospital admission.
- Staff told us updates to guidance were discussed at monthly clinical meetings; and records reviewed confirmed this.
- The practice monitored that these guidelines were followed through risk assessments and patient record reviews.
- Feedback from patients showed the GP carried out assessments of their health needs, referrals were made to hospital where appropriate and appropriate care was delivered.

### 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 were for the year 2014/15. The practice had achieved 94.6% of the total number of points available and this was 3.2% above the clinical commissioning group (CCG) average and 0.1% above the national average.

- Performance for diabetes related indicators was 69.8% which was 9.3% below the CCG average and 19.4% below the national average. The exception reporting rate was approximately 3% and this was below the CCG average of 10% and the national average of 11%.

The practice had a prevalence rate of approximately 8% for diabetes compared to the CCG average of 4% and national average of 3%. About 70.5% of patients are from black and

minority ethnic groups of which some patients did not attend for monitoring in spite of reminders being sent. The practice acknowledged improvements were still required to increase its performance for diabetes related indicators. It had implemented strategies to address this with limited success. For example, strengthening the recall system for inviting patients for health reviews, joint working with the community diabetes specialist nurse and patient education.

- Performance for indicators related to hypertension was 100% which was 2.6% above the CCG average and 2.2% above the national average. The exception reporting rate was 1.2% which was below the CCG and national averages of approximately 4%.
- Performance for mental health related indicators was 100% which was 11.3% above the CCG average and 7.2% above the national average. The exception reporting rate was 6.4% which was below the CCG and national averages of about 11%.
- Performance for dementia related indicators was 100% which was 10.6% above the CCG average and 5.5% above the national average. The practice had not exception reported any patients. The exception reporting rate for the CCG average was 8.5% and the national average 8.3%.

Practice supplied QOF data for 2015/16 showed the practice had achieved 95.7% of the total number of points and this data was yet to be verified and published.

There was evidence of clinical audit and reviews.

- There had been five clinical audits completed in the last 15 months and two of these were completed audit cycles. The re-audit demonstrated changes had been implemented to the recall system and improvements were made to patient care. For example, systems in place to monitor patients taking disease-modifying anti-rheumatic drugs (DMARDs) had been strengthened to ensure patients received regular blood monitoring tests and medicines were only re-issued after results had been received and it was appropriate to prescribe them.
- The practice also undertook reviews in a range of areas relevant to the practice population. This included the review of patients aged 75 and over who had not received an annual health check and medicine review,

# Are services effective?

## (for example, treatment is effective)

and vulnerable adults who had not received a review or influenza vaccine. This information was then used to follow-up patients to ensure they received appropriate care.

- The practice participated in the CCG practice visit programme and had reviewed its agreed patient specific objectives with two local GP practices. The objectives had a focus on patients experiencing poor mental health (specifically patients at risk of self-harm and suicide attempts) and shared learning was agreed to improve the care for patients and inform wider mental health service delivery.

### Effective staffing

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

- The practice had an induction plan in place for all newly appointed staff. This covered topics such as information governance, confidentiality, fire safety, and health and safety. Staff were offered a shadowing opportunity and given a handbook to ensure they were fully informed of the relevant policies and procedures.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurse we spoke with told us they stayed up to date with changes to the clinical areas they had a lead role in by attending role specific training, accessing on-line resources and discussion at clinical meetings.
- The professional development of staff was identified through a system of appraisals, clinical supervision and the revalidation process for nurses and GPs. Future learning needs were identified where possible, and development plans were put in place to ensure this covered the scope of staff's work. Staff employed for over a year had received an appraisal within the last 12 months.
- Most staff had completed online and face to face training that included equality and diversity, use of display screen equipment, dementia and learning disabilities awareness.

### 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 discharge letters, treatment and / or care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example referrals made to secondary care / hospital services.

The practice staff worked collaboratively with other health and social care professionals to assess, review and manage the complexity of patients' health needs. This included the district nurses, palliative care nurse, care coordinator, and the community physiotherapy and occupational therapy services. Meetings took place on a monthly basis and care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Clinical staff we spoke with were able to demonstrate an awareness of the Mental Capacity Act 2005 and their responsibilities to act in accordance with legal requirements.
- Records reviewed showed most staff had completed training related to consent and / or the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and / or requiring advice on weight management, smoking and alcohol

# Are services effective?

(for example, treatment is effective)

cessation. Patients could self-refer themselves to the “New Leaf” clinic held within the health centre. New Leaf service is a free and confidential NHS service for smokers in Nottingham city who want to stop.

- Patients with a learning disability were offered annual health checks and 20 out of 24 eligible patients had received them.

The practice encouraged its patients to attend national cancer screening programmes. Records reviewed and discussions held with staff showed they had an awareness of the contributory factors to the low uptake rates (practice’s inner city location, high levels of deprivation and the cultural diversity of its patients) and were able to evidence the measures taken to address this. For example,

- The practice encouraged uptake of the screening programme through opportunistic screening and providing information in different languages. Reminder letters and leaflets were available in Urdu language and a female sample taker was always available. There was a system in place for following-up patients who did not attend screening and this included telephone reminders for future appointments.

The 2014/15 Public Health England data showed the practice’s cancer screening was comparable to the CCG and national averages. For example, approximately:

- 67% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 70% and national average of 72%.

- 48% of patients aged between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 54% and national average of 58.
- 74% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a CCG average of 75% and national average of 74%. Practice supplied data showed the uptake rate within the last five years had increased to 81% as at December 2015.

Immunisation rates for the vaccinations given to children were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.5% to 100% compared to a local average of between 91.9% to 96.3%; and five year olds ranged from 86.7% to 97.8% compared to a local average of between 86.9% to 95.4%. Benchmarking data as at December 2015 showed the practice had the highest immunisation uptake within the CCG and practice staff told us this was achieved by having a robust recall and follow-up system.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Practice data showed 349 patients in this age group had received a health check within the last five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff treated patients in a dignified, compassionate and respectful way. For example:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations with patients and conversations taking place in the treatment or consulting rooms could not be overheard.
- Reception staff could offer patients a private room to discuss sensitive issues or if they appeared distressed.
- Staff were courteous and very helpful to patients on the telephone and in person at the reception desk.

Feedback from patients was extremely positive about the way staff treat people. All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered an excellent service and staff were welcoming, helpful and caring. In addition, some comment cards highlighted staff (GP in particular) went an extra mile to address their health needs, took into account their cultural needs and ensured they received good care. We spoke with seven patients including three members of the patient participation group (PPG). They were also satisfied with the care provided by the practice and said their dignity and privacy was respected.

The July 2016 national GP patient survey results showed most patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages for its satisfaction scores on consultations with GPs; and marginally below for consultations with nurses. For example:

- 95% of patients said they had confidence and trust in the last GP and this was in line with the clinical commissioning group (CCG) and national averages.
- 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.

- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.
- 83% of patients said the nurse was good at listening to them compared to the CCG and national averages of 91%.
- 85% of patients said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

Satisfaction scores for interactions with reception staff was below the local and national averages:

- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%. Practice staff were scheduled to attend refresher customer care training.

### Care planning and involvement in decisions about care and treatment

Feedback from patients showed they were given sufficient time by the GP or nurse to discuss their health conditions and relevant information was given to enable them to choose a treatment option. This ensured that patients were involved in decision making about the care and treatment they received. Patients also felt listened to and supported by staff. This positive feedback was aligned with feedback recorded on the comments cards we received.

The national GP patient survey results showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG of 85% and national averages of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care and this was in line with the CCG and national averages of 81%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We spoke to one patient who confirmed using the interpreting service and speaking with one of the reception staff in their primary language when they attended the practice.
- Some staff including the GPs were bilingual and were fluent in the languages spoken by some of the practice population. This included Hindi and Urdu.

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

Comment cards and most of the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Examples given included being referred for counselling, advice and support being provided following a diagnosis of a specific long term condition and patients having to adjust their lifestyle to live healthy.

This positive feedback was aligned with the national GP patient results:

- 81% said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 83% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average and national averages of 91%.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 35 patients as carers and this represented 1% of the practice population. On the inspection day we found no written information to direct carers to the various avenues of support available to them. This was discussed with the practice manager as an area of concern and immediate action was taken to address this. For example, following our inspection carer related information packs / leaflets were delivered at the practice and a member from the Nottingham City Care's carer support team is scheduled to attend a practice meeting on 27 July 2016 to discuss the services available for patients. In addition, the practice had developed a carer's assessment template to capture information relating to their health needs.

Staff told us if families had experienced bereavement and it was known to the practice team, the GP would contact them or attend the funeral. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and / or by giving them advice on how to find a support service. One patient we spoke with confirmed receiving this support.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access some support groups and organisations. However, the display of information was not friendly to the eye and inviting. This feedback was shared with the patient participation group members we spoke with, to inform improvements to the display of information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, patients at risk of hospital admission were identified as a priority and multi-disciplinary meetings were held monthly to ensure these patients received appropriate care and unplanned admissions were prevented. In addition:

- Clinical staff had lead roles in chronic disease management and patients with long term conditions such as asthma were invited for monitoring of their health needs.
- The practice provided a range of treatment room services and diagnostic tests for patients. This included phlebotomy, travel vaccinations, ear syringing, spirometry and electrocardiogram testing (an ECG is a test which measures the electrical activity of the heart to show whether or not it is working normally).
- The midwife facilitated the antenatal clinic on a Tuesday by appointment only.
- Weekly baby clinics were facilitated by the health visitor on Monday afternoon and six week baby checks were also offered as part of monitoring children's health needs.
- There were longer appointments available for: patients requiring translation and interpretation services; patients with a learning disability, and for those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with medical problems that require same day consultation. This was confirmed by patients in comment cards we received.
- There were disabled facilities including ramp access for patients using wheelchairs, a hearing loop and all services were accessed from the ground floor.
- The practice hosted clinics run by professionals employed by other NHS organisations (Nottingham City Care) giving patients' access to the specialist diabetic nurse and the falls and bone health nurse for example.

### Access to the service

The practice was open between 8.30am and 6.30pm daily except for Thursday when the practice closed at 1.30pm. GP appointments were available from 8.30am to 12pm Mondays and Friday; and from 9am to 12pm Tuesday to Thursday. Staff told us a clinician was always onsite at 8.30am when the phone lines were transferred from the out of hour's service. Afternoon appointments were available from 4pm to 6.30pm daily with the exception of Thursday. GP appointments could be pre-booked up to four weeks in advance.

The majority of comment cards received and patients we spoke with 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. Some patients acknowledged the lead GP was in demand and if they wanted to be seen by them for non-urgent appointments it could take "a week or two".

We saw evidence which demonstrated a commitment by practice staff to improve patient access to the service. For example, the practice had reviewed the January 2016 national GP patient surveys results and identified the need to improve telephone access, helpfulness of staff and waiting times to see the GP. Action to address this included encouraging patients to access online services for booking appointments and requesting prescriptions. The practice undertook a further survey in May/June 2016 which showed marginal improvements. For example:

- 72% of patients said they were normally seen by the GP or nurse without waiting too long compared to a 66% response rate in the January 2016 national GP patient survey.
- 62% of patients found it easy to get through the surgery compared to the 54% response in the January 2016 national GP patient survey.

We reviewed the national GP patient survey results published in July 2016 following our inspection. The results were mixed and most of them showed patient's satisfaction with how they could access care and treatment was below the local and national averages. For example, although 88% said the last appointment they got was convenient compared to the CCG and national averages of 92%:

- 69% described their experience of making an appointment as good compared to the CCG and national averages of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 73% felt they normally have to wait too long to be seen compared to the CCG average of 45% and national average of 42%.

The accident and emergency (A&E) attendance had decreased though the practice remained below average for attendance and inpatient admissions when compared with other practices with the CCG. The practice was working hard to reduce A&E attendance by improving access and using text message alerts to help reduce the number of patients who did not attend their appointments. The practice staff recognised access to the service was a priority improvement area and plans were in place to monitor this further with the input of the patient participation group

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns; however information needed to be updated to ensure clear procedures for both patients and staff.

- Patients we spoke with had no complaints and most of them felt confident they could raise their complaints with staff.
- The practice manager was the designated responsible person who handled all complaints in the practice; and this was overseen by the GP.
- Five complaints had been received in the last 12 months and we found the practice had responded to complaints promptly and provided complainants with explanations and apologies where appropriate. Complaints were discussed at team meetings and learning was identified to improve the delivery of care where possible.

The practice's complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England. As a result of our inspection findings, the complaints procedure, patient leaflet and practice website were updated to ensure information for patients was consistent and up to date.

# 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.

- This was underpinned by a statement of purpose which included the following ethos: mutual respect, delivery of holistic care, continuity of care and a learning culture.
- All the staff we spoke with were able to clearly explain how they implemented the practice ethos and values in their day to day working.
- Although there was no written development or business plan in place, the GP and practice manager recognised that this needed to be in place and for succession planning to be considered.
- The practice had signed up to the Nottingham City GP Alliance Limited to ensure they engaged in shared working arrangements and wider learning.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice assessed and monitored the quality of service provision through use of audits and reviews to ensure the performance of the practice was understood. This included information relating to medicines management and the quality and outcomes framework (QOF).
- Arrangements were in place for identifying and managing risks, and implementing mitigating actions but we identified two areas where recording and sharing of information could be improved.
- The practice had specific policies to govern activity and these were accessible to all staff. Policies reviewed were up to date but the documentation of some management records and clinical audits required strengthening to ensure they were comprehensive.
- Our review of training records did not assure us that one of the two practice nurses had completed role-specific training and updating. The practice manager

acknowledged the system in place for monitoring staff training needed to be strengthened and was in the process of reviewing this to ensure all training completed by staff was recorded.

### Leadership and culture

The lead GP and practice manager told us they prioritised providing personalised patient care and a supportive and fulfilling team environment.

- Practice staff told us they worked well as a team and were respected, valued and supported by the leadership.
- There was a clear leadership structure in place and named staff with lead roles.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager, GP and or colleagues; who took time to listen to them.
- Records reviewed showed four team meetings were held in 2015. However this had not been consistently maintained as one team meeting had been held in May 2016.
- Staff we spoke with agreed that holding regular team meetings and use of emails or notifications within the patient electronic system would improve communication and dissemination of information within the team. Following our inspection we were informed practice meetings would be held monthly and minutes for a meeting held on 21 June 2016 were provided as evidence.

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

The practice sought patients' feedback in the delivery of the service through the friends and family test survey, practice surveys and suggestions.

- The practice had a patient participation group (PPG) that had recently become active and a member had agreed to be the chair. We spoke with three members of the PPG and they told us of the plans they had to improve to the service and to increase the frequency of their meetings. Suggestions made included patient education related to the appointment system,

# Are services well-led?

Good 

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

promoting men's health and patient education on specific long term conditions affecting black and minority ethnic population groups; who made up 70% of the patient list.

- The friends and family test results for 2016 showed most patients would recommend the practice.

- Staff told us they would not hesitate to give feedback to improve how the practice was run.
- A staff survey was distributed at the practice meeting held on 21 June 2016 following our inspection and the provider was keen to use the feedback to develop the service.