

# Hill View Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hill View Surgery on 24 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, the practice needed to ensure systems were strengthened to prevent the reoccurrence of similar significant events.
- Risks to patients were assessed and generally well managed. However, the practice needed to ensure DBS checks were undertaken for all staff in line with its recruitment policies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand and learning from complaints was shared across the practice.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure appropriate background checks with the Disclosure and Barring Service (DBS) are undertaken for all clinical staff in line with its recruitment policy.

# Summary of findings

- Ensure all risks are robustly assessed and do all that is reasonably practicable to mitigate these risks; including those related to infection control; preventing further occurrences of significant events and the proper and safe management of medicines.

**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 requires improvement for providing safe services.

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice needed to strengthen its systems to ensure improvements identified had been embedded and future occurrences prevented.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had designated GPs responsible for safeguarding and had regular meetings with attached health professionals to discuss patients at risk.
- Some risks to patients were assessed and generally well managed. However, a recent infection control audit identified a number of outstanding actions.
- The practice needed to ensure arrangements were in place to authorise the practice nurse to administer medicines using Patient Group Directions (PGDs).
- Appropriate recruitment checks had been undertaken for most members of staff, including checks with the Disclosure and Barring Service (DBS). However; a DBS check had not been undertaken for one member of clinical staff.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were undertaken. For example, recent action taken as a result of audit of high dose opiate prescribing led to an overall reduction in the volume of opiates being prescribed. (Opiates are pain killing medicines)
- Data showed most patient outcomes were similar to the locality. For example,
- The practice was aware of its performance and had identified areas for improvement. For example the practice demonstrated improvement in performance in respect of diabetes.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and special interests.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- Patients told us they were treated with care and concern by staff and that their privacy and dignity was respected. Feedback from comments cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example the practice had recently submitted proposals to NHS England in order to secure improved premises for its patients.
- The practice offered flexible services to meet the needs of its patients. For example, the practice offered extended hours appointments until 8pm one evening per week.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders including the patient participation group (PPG).
- All of the patients we spoke with said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this. The practice had developed a five year plan which outlined its aims for the future.
- There was a clear leadership structure and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and waiting times.
- There was a focus on learning and development within the practice. The practice was a teaching practice and aimed to become an approved training practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked effectively with the multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. The percentage of people aged 65 or over who received a seasonal flu vaccination was 72.1% which was in line with the national average of 73.2%.

### People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for the patients identified as being at risk of admission.
- The practice demonstrated that improvements had been made in respect of its management of diabetes. For example, the practice had already exceeded its performance for diabetes related indicators with over three months until the end of the reporting year.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86.7% which was comparable to the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- We saw good examples of joint working with midwives and health visitors.
- A female GP provided a service to fit coils and contraceptive implants.
- A monthly baby clinic was run from the practice where a GP, practice nurse and a member of the health visiting team was available.

## **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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments.
- The practice offered extended hours appointments one evening per week to meet the needs of this population group.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected the needs for this age group.

**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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice records indicated they had 13 patients on the learning disability register and all of these patients had received an annual review.
- They offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.

**Good**





# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- 82.5% of patients with a mental health condition had a comprehensive care plan documented in their records in the previous 12 months which was in line with the CCG average of 81%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. There were 323 survey forms distributed and 99 were returned. This represented a return rate of 30.7%.

The results showed:

- 97% of respondents found it easy to get through to this practice by phone compared with the CCG average of 95%.
- 86% of respondents described their experience of making an appointment as good compared with the CCG average of 85%.
- 75% of respondents with a preferred GP usually got to see or speak to that GP compared with the CCG average of 70%.

- 83% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Comments highlighted friendly, approachable staff and patients said they always felt listened to. Patients described the practice as caring, supportive and said they always found it clean and hygienic.

We spoke with seven patients during the inspection. All of the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service MUST take to improve

- Ensure appropriate background checks with the Disclosure and Barring Service (DBS) are undertaken for all clinical staff in line with its recruitment policy.
- Ensure all risks are robustly assessed and do all that is reasonably practicable to mitigate these risks; including those related to infection control, preventing further occurrences of significant events and the proper and safe management of medicines.

# Hill View Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Hill View Surgery

Hill View Surgery provides primary medical services to approximately 2938 patients through a general medical services contract (GMS). Services are provided to patients from a single site. The practice had occupied purpose built premises since the 1970s.

The level of deprivation within the practice population is similar to the national average. Income deprivation affecting children and older people is higher than the CCG average but below the national average.

The clinical team comprises two GP partners equating to 1.56 full time equivalent GPs. The nursing team comprises two part time nurses covering a total of 30.5 hours per week. In addition the practice employs a phlebotomist working 14 hours per week.

The clinical team is supported by a full time practice manager and a team of six administrative staff.

The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments vary day to day and range from 8am to 9.30am. Afternoon appointments are offered until 6pm. The practice offers extended hours on a Thursday evening until 8pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS).

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015.

During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events on a central spreadsheet and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice demonstrated that it identified learning and shared this with the practice team. For example, the practice had recorded a significant event where fridge temperatures had not been recorded correctly and in line with the practice's protocol. As a result of this, the practice amended their protocol and shared learning with staff to ensure they were aware of the correct protocol and procedure to follow.

However, we identified areas where the practice needed to improve its systems to prevent events reoccurring. Although the practice shared learning from significant events; it did not have robust systems in place to ensure learning had been embedded. We reviewed significant events over two years and noted a number of significant events which had occurred on more than one occasion. For example significant events related to delays in samples being sent to the laboratory were noted on three occasions. Whilst protocols had been amended and learning shared, this had not prevented the reoccurrences. The practice explained that coping with significant clinical staffing challenges over the last 18 months had impacted on this.

Where patients were affected by incidents of significant events the practice demonstrated an open and transparent approach to the sharing of information. We saw that apologies were offered where appropriate. The practice

invited patients affected by significant events to view the outcomes and sought their permission for anonymised information about the event to be used as case studies for staff training.

### Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children. The practice told us that they had a high number of children who were subject to a child protection plan and we saw evidence of close working with attached staff to ensure these children were kept safe. For example the lead GP attended quarterly meetings with the health visitor to discuss children at risk.
- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware that this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (DBS) with the exception of a practice nurse. (DBS)
- The practice premises were observed to be clean and tidy. The practice planned to appoint a practice nurse as their clinical lead for infection control as their previous infection control clinical lead was on maternity leave. The role of infection control lead was being undertaken by the practice manager at the time of the inspection. The practice planned for the nurse to attend clinical commissioning group (CCG) led infection control meetings and have additional training in this area to ensure that they were up to date with best practice. The practice had been comprehensively audited in November 2015 by the CCG infection control nurse. The audit identified a number of actions and we saw evidence that the practice had addressed these or had documented plans in place to ensure that these were

## Are services safe?

addressed. For example, the practice had updated their cleaning schedule to ensure additional items and areas were included. In addition we saw evidence that the practice had obtained quotes to have carpeted flooring replaced with vinyl flooring in the waiting area. However; there were areas identified as requiring improvement which had been identified in the most recent infection control audit and previous infection control audits which had not been addressed. For example, rips were identified in the seating in the waiting area and this had not been addressed. The practice told us that all of the identified issues had been recognised and we saw that they were making efforts to address these where possible. However, the practice told us the cost of extensive improvements needed to be balanced against a possible move to new premises in the near future.

However there were areas where the practice needed to make improvements to systems and processes to ensure patients were kept safe:

- Most of the arrangements in place to manage medicines within the practice ensured that patients were kept safe. Medicines audits were undertaken with the support of the clinical commissioning group (CCG) pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and processes were in place to monitor their use. One of the nurses had qualified as a Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. We saw the practice had adopted Patient Group Directions (PGDs) to allow the other practice nurse to administer medicines in line with legislation; however we saw that the PGDs had not been signed by a GP to authorise the nurse to administer these medicines. The practice provided evidence to confirm that this had been corrected immediately after the inspection
- We reviewed five employment files for clinical and non-clinical staff. We found that most of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, we noted that a DBS check had

not been undertaken for a practice nurse who had recently started working at the practice. The practice nurse was also employed at a neighbouring practice and the practice were aware that a DBS was in place for the nurse at this practice. They had initially understood the DBS held by the nurse to be portable but having found out that this was not the case the practice had applied for the appropriate checks. The practice told us they had assessed this risk but had not formally documented this; a formal risk assessment was undertaken during the inspection.

### Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and all administrative staff had been trained as fire marshals. The practice had up to date fire risk assessments and carried out regular fire drills. We saw that the practice had asked members of the team to play the roles of patients who may have been experiencing mobility issues during fire drills to ensure that staff were confident in dealing with these situation should the need arise. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a bacteria which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice utilised nurses who supported a number of practices across the locality to ensure adequate nursing cover. We also saw evidence that there was a flexible approach to GP staffing and GPs would work additional sessions where a need was identified.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were panic buttons to alert other staff to any emergency if required.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available and the practice had a designated first aider.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines. In addition nursing staff told us they attended clinical commissioning group (CCG) arranged training sessions to ensure they kept up to date with guidelines and best practice.

The practice had recently introduced more formalised clinical meetings and nursing staff told us they were finding these beneficial.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed that the practice had achieved 79.1% of the total number of points available, with an exception reporting rate of 6.1%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in a number of areas was below the local and national average. Data from 2014/15 showed;

- Performance for diabetes related indicators was 69.8% which was 19% below the CCG average and 19.4% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 76.9% which was 8% below the CCG average and 6.7% below the national average.
- Performance for mental health related indicators was 76.9% which was 14.6% below the CCG average and

15.9% below the national average. However; data showed that the practice had documented care plans in place for 82.5% of these patients which was in line with the CCG average of 81%.

- Performance for dementia related indicators was 76.9% which was 19.5% below the CCG average and 17.6% below the national average.

The practice were aware of their performance and told us this had been affected by the lead GP being off work for an extended period in addition to a new nursing team. The practice demonstrated that their QOF achievement for 2013/14 had been 92.8% which was in line with the national average. In addition the practice provided data (which had not been externally verified) which showed that their QOF achievement for some indicators for 2015/16 had already exceeded performance levels compared with last year. For example, the practice had achieved 72.6% of points available for diabetes related indicators with over four months of the QOF year remaining.

Clinical audits were undertaken within the practice.

- There had been four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit in respect of long term, high dose opioid medication. (Opioid medication is pain killing medication). This audit was chosen to review and monitor the non-cancer patients on long-term opioids with a view to reducing or stopping their opioid usage and ensure adherence to the local guidelines. The second cycle of the audit demonstrated a reduction in the net dose of opiates prescribed for the group of patients.
- Although the practice was undertaking clinical audits; these needed to be strengthened to ensure these reflect the relevant guidelines and to ensure aims and objectives of the audit matched with the methodology and results.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.



# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice manager and the lead GP met on a daily basis to review unplanned admissions. All patients who were discharged from hospital were reviewed by a clinician within three days. Care plans for these patients were updated accordingly.

Data showed that the practice rate of A&E attendances was below that of the CCG average but their rate of referrals and emergency admissions was higher. We saw evidence that the practice was aware of their performance and was committed to working effectively with attached staff to make improvements.

### Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff that covered topics such as safeguarding, first aid, health and safety and confidentiality. Recently appointed staff told us they had been welcomed by their colleagues and felt supported in their roles.
- The practice developed a locum pack which was shared across the locality to improve continuity of care.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development. Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, mentoring and clinical supervision. We saw evidence to demonstrate that training needs of staff had been identified and planned for through the appraisal system.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training including e-learning.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated.

The practice told us they were the first in the area EPaCCS (Electronic Palliative Care Communication System) to enable the electronic sharing of relevant information with the ambulance service and out of hours services. The tool aimed to reduce the need for family members and carers to repeat information and ensured that healthcare professionals had up to date information. The practice manager told us they had the second highest number of patients within Nottinghamshire signed up to use this tool.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation, family planning and weight management services.

The practice had systems in place to ensure patients attended screening programmes and ensured that results were followed up appropriately. The practice's uptake for the cervical screening programme was 86.7% which was comparable to the CCG average of 85.5% and the national average of 81.8%. There was a policy to offer telephone

reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.9% to 96.7% and five year olds from 88.2% to 100%.

Flu vaccination rates for the over 65s were 72.1% and at risk groups 26.2%. The rate for the over 65s was comparable to the national averages of 73.2%; however, the rate for at risk groups was significantly below the national average of 52.3%. The practice told us they thought this was due to a large number of people refusing the vaccination but they could not provide documents to evidence this. The practice provided data to show that their performance in respect of flu vaccinations had already exceeded their performance for the previous year and told us they were confident of improvements in this area.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on 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

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 32 completed comment cards we received were positive about the standard of care received. Patients said they were always treated with dignity and respect and described the practice staff as friendly, helpful and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with seven patients, including three members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and consideration by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

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

- 89% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.

Satisfaction scores for interactions with reception staff were in line with the CCG and national averages:

- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Additionally, the practice demonstrated a caring approach towards their patient population through efforts to ensure that patients felt comfortable in attending the practice. For example the practice met with a parent who had autistic children and considered how the experience of visiting the practice could be improved for this group. The practice had formed links with a local support group for parents of children with autism. As a result of this the practice had implemented suggested measures including specific types of signage on doors a child head height. The practice told us they wanted to make attendances at the practice well explained and fun.

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

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

## Are services caring?

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 81%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a dedicated carers' champion and a carers' noticeboard in the waiting area displayed information to direct carers to various sources of support.

Staff told us that if families had experienced a bereavement, their usual GP contacted them if this was considered appropriate. 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. Administrative staff ensured that any existing appointments for deceased patients were cancelled.

# 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, the practice was working with the CCG and NHS England to look at arrangements to secure improvements to its current premises or a suitable relocation.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one evening per week.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- Home visits were available for housebound patients or for acutely ill children. In addition the GP visited the local psychiatric unit and residential school on a monthly basis.
- Same day appointments were available for children and those with serious medical conditions.
- There were translation services available if these were required.
- Registration packs were available in braille for blind or partially sighted patients. The practice had also printed booklets on yellow paper to facilitate communication with patients who had dyslexia.
- Consultation rooms were situated on the ground floor of the practice and disabled parking was available.
- The practice held a monthly baby clinic where the practice nurse, a GP and a member of the health visiting team were available.

The practice was aware of areas which needed to be improved. For example, the practice had made recent investments to improve disabled access by installing a ramp and an automatic door. However, the reception desk was not accessible to patients in a wheelchair and there was no alarm pull cord should a patient need to summon assistance from the disabled toilet. The practice provided evidence of quotes they had received to have this work undertaken but explained that they were hoping to get approval to move to new premises.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times varied from day to day but we saw that the practice had a flexible approach to these and would add additional sessions and appointments where this was considered necessary. The consultation times started between 8.00am and 9.30am. Afternoon appointments were offered until 6pm. The practice offered extended hours opening on a Thursday evening until 8pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 97% of patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and the national average of 73%.
- 99% of patients said the last appointment they got was convenient compared to the CCG average of 90% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback from the comment cards. The practice told us they frequently audited their appointments and reviewed their available appointments each day at 11am. In addition the practice audited their rates of appointments which had not been attended on a monthly basis.

### Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at 17 complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw that meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. Complaints recorded included those

made verbally and in writing. We saw complaints were regularly discussed within the practice and learning was appropriately identified. For example, a complaint from a patient following a medication review led to a new medication review template being devised and the practice's protocol being amended to ensure that all medications were brought into line at medication reviews.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had clearly defined aims and objectives centred on delivering high quality, safe and effective patient care. The practice had identified a range of objectives to underpin this vision. For example; to provide continually improving healthcare to work in partnership and to meet environmental and sustainability responsibilities.
- Staff were engaged with the aims and values of the practice and were committed to providing high quality patient care.
- The practice had a five year development plan in place which included a number of objectives. For example, to secure new premises, to have an in-house pharmacist and to become a full training practice.

### Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities. The lead GP took lead roles in most areas but had recently taken on a new partner and planned to share responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed and updated and supported staff in their roles.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

### Leadership, openness and transparency

The two partners within the practice had a range of experience and demonstrated they had the capacity to run the practice to ensure high quality care. For example, we saw that GPs had special interests and additional qualifications in a range of areas. For example in family planning, minor surgery and emergency care. One of the partners worked in A&E each week in addition to their work within the practice. The partners and the practice manager were visible within the practice and staff told us they were approachable and listened to all members of the practice staff team.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided explanations and verbal or written apologies where appropriate. In addition the practice invited patients affected by significant events which were raised as complaints or concerns to review the outcomes and sought their consent for anonymised information to be used as a learning tool for staff.
- They kept comprehensive written records of verbal interactions as well as written correspondence.

We saw that there was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise issues at regular team meetings.

Feedback from staff told us they felt valued and supported by the partners and the management within the practice. Staff felt supported to identify opportunities for improvements to the delivery of service.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met on a regular basis. They carried out patient surveys and discussed proposals for improvements to the practice management team. For example, the PPG had worked with the practice to review appointments

# Are services well-led?

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running late and look at ways in which this could be improved. In addition the PPG had raised money for the practice to buy items to benefit the practice population such as a fridge and chairs for the waiting area.

- The practice gathered feedback from staff through meetings, appraisals and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff told us they had been involved in discussions about the premises.

## Continuous improvement

There was a focus on learning and improvement within the practice. The practice team had been part of local pilot schemes to improve outcomes for patients in the area and was committed to learning:

- The practice was a teaching practice for first and second year medical students and had recently been invited by the deanery to have fourth year medical students.
- The lead GP was invited to write an article for the Department of Health End of Life Care Strategy (Fourth Edition).



## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure that action was taken to prevent the reoccurrence of significant events. In addition the provider was not ensuring the proper and safe management of medicines as medicines were being administered without authorisation. The provider had not mitigated all risks related to infection control.</p> <p>This was in breach of regulation 12 (1) (2) (a) (b) (g) (h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the provider had not undertaken the appropriate recruitment checks with the Disclosure and Barring Service (DBS) before the appointment of a member of clinical staff.</p> <p>This was in breach of regulation 19 (1) (a) (2) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>