

The Alice Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Alice Medical Centre on 24 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting, investigating and recording significant events.
- Risks to patients were assessed and well managed overall. This included appropriate recruitment checks, medicines management and emergency procedures.
- 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.
- Clinical audits were driving improvements to patient outcomes.

- Feedback from patients about their care, and their interactions with all practice staff, was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a clear vision which had quality and safety as its top priority. The strategy and business plan to deliver this vision was reviewed and discussed with staff.
- The practice had suitable arrangements in place for clinical and managerial leadership.

Summary of findings

- There was a clear leadership structure in place and staff felt respected, valued and supported.
- The Patient Participation Group (PPG) had started to be active from April 2016.

The areas where the provider should make improvement are:

- Consider how to use the carers register more proactively to improve support for carers.
- Strengthen oversight of responses to complainants' to make sure these address all concerns raised by them.
- Continue to proactively recruit PPG members to ensure they provide a voice for patients, and are influential in shaping service provision.
- Review the systems for recalling patients with learning disabilities to attend for their annual health checks and / or receive regular monitoring.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting, recording and monitoring safety incidents to improve patient care. Lessons learnt were communicated to all practice staff to support the improvement of the service.
- The practice had clearly defined and embedded systems in place to keep patients safe and safeguarded from abuse. This included carrying out appropriate recruitment checks before staff were employed and ensuring there was sufficient staff to care for patients. Health and safety risks to patients were assessed and well-managed.
- Medicines, including vaccines and emergency medicines, were stored safely and systems were in place to monitor their use and disposal.
- A business continuity plan was in place and this detailed contingency arrangements to deal with a range of emergencies that could affect the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The 2014/15 data from 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 an overall figure of 94.9% compared to the local average of 91.4% and the national average of 94.7%.
- The individual needs of patients were assessed and care was planned and delivered in line with the National Institute for Health and Care Excellence (NICE) guidelines and locally agreed guidelines.
- The practice undertook regular clinical audits linked to current evidence based guidance, significant events and areas of underperformance. There was evidence of learning and quality improvement in patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were supported with induction, training and appraisals as part of their professional development.
- Staff worked with other health care professionals to review the needs of patients with complex needs and living in vulnerable

Summary of findings

circumstances. We received positive feedback from external stakeholders including two care home providers and a specialist nurse in relation to the collaborative working and positive outcomes achieved for patients.

- The practice's uptake for learning disabilities annual review and the national cancer screening programmes was marginally below the local and national averages; and this was an improvement area identified by the practice staff.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The national GP patient survey results showed patients rated the practice in line and / or higher than others for several aspects of care. For example, 85% of patients said the last GP they spoke to was good at treating them with care and concern and this was in line with the local and national averages.
- Staff offered kind and compassionate care and worked to support patients cope with their care and treatment.
- Views of external stakeholders were very positive in respect of the high level of care provided by the practice staff and aligned with our findings.
- The practice maintained close working relationships with other health and social care professionals to ensure that appropriate care planning took place.
- The practice had identified 1.2% of its practice population as carers. However, staff needed to strengthen the systems for actively reviewing the care offered to carers.

Good



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. This included reviewing and monitoring the health needs of patients at risk of unplanned hospital admissions.
- We found the planning and provision of services was influenced by a wide range of patient health needs and / or disabilities; age; sex; and work commitments.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent

Good



Summary of findings

appointments available the same day. This was reinforced by the national GP patient survey results which showed 86% of patients described their experience of making an appointment as good. This was above the local average of 74% and the national average of 73%.

- Staff in two care homes told us the practice responded promptly to their clients' needs, and worked with the care home staff and family members to deliver the best care for their patients.
- The practice facilities were mostly well equipped to treat patients and meet their needs. Reasonable adjustments and support was provided to remove or minimise barriers when patients found it hard to use or access services.
- Patients we spoke with told us they had no cause to complain but would be confident in approaching staff and accessing information about how to complain should they require this. The practice had investigated most of the complaints thoroughly and apologies were offered where appropriate. Learning from complaints was shared with staff to drive improvement.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to assess and monitor the quality of service provision.
- The practice sought feedback from staff and patients, which it acted on.
- The patient participation group had started to be active from April 2016.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice engaged well with other practices within their locality and shared learning from significant events.

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

Good



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

- Patients aged 75 years and over had a named GP to provide continuity of care and were offered an annual “wellbeing” health check to ensure their health needs were being met.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- A total of 211 patients aged 65 years and over, had received a flu vaccination in 2015/2016, and 80% of these patients had attended the Saturday flu clinics.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had close links with its two local care homes and the named GP undertook regular visits to review the ongoing needs of the residents. Care home staff told us the practice provided a highly responsive service to patients and this included visiting on the same day when this was required.
- Older patients at risk of admission to hospital, living with dementia and / or frail were discussed at multidisciplinary meetings hosted by the practice. Care plans were in place for older patients with complex needs.
- Nationally reported data showed most outcomes for conditions commonly found in older people, were in line with local and national averages.

People with long term conditions

Good



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

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex

Summary of findings

needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, specialist community teams including the integrated respiratory team, heart failure nurses, palliative care and district nurses.

- Performance data showed the practice performed well in the management of patients with long term conditions. However, performance for diabetes related indicators was below the local and national averages. The practice had implemented strategies to address this including adopting the “year of care” model for diabetes management.
- The practice nurse held a joint clinic with a local diabetes specialist nurse each month to review patients with complex needs.
- Longer appointments and home visits were available when needed. For example, patients with long term conditions and other needs were reviewed at a single appointment where possible, rather than having to attend multiple health reviews.

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 at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances and safeguarding meetings were held quarterly with the health visitor.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, vaccination rates for children under two years old ranged from 85.4% to 100% compared to the CCG average of 91.1% to 96.3%. Staff monitored the uptake of childhood vaccinations to enable those who did not attend to be followed up.
- All children under the age of 15 were offered a same day appointment and patients we spoke with confirmed this happened; and that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The practice worked closely with other health professionals in the case management of these patients, and this included the health visitor, child and adolescent mental health services and the community paediatrics.
- The whooping cough vaccination was also offered to all pregnant mothers and postnatally.
- Weekly baby clinics were previously held at the practice until April 2016. Due to shortages in health visitors within the local area this clinic is now offered at another practice and is due to be reviewed in September 2016.

Working age people (including those recently retired and students)

Good



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

- Extended hours appointments were available from 6.30pm to 8pm on a Monday evening and telephone consultations were available each day for those patients who had difficulty attending the practice due to work or school commitments.
- The practice offered online services for booking GP appointments and requesting repeat prescription requests. Patients could sign up to electronic prescribing so that prescriptions could be sent directly to the pharmacy of the patient's choice.
- The practice offered access to routine appointments on a Saturday under a local agreement with another GP practice (Hucknall road Medical Centre), and these appointments were bookable until 1pm on the Friday.
- A full range of health promotion and screening that reflects the needs for this age group was offered. This included NHS health checks for patients aged 40 to 74 years and smoking cessation advice.
- The 2014/15 Public Health England data showed the practice's cancer screening rates were marginally below the CCG and national averages. The practice was aware of areas for improvement and had implemented strategies to address this.
- Family planning services were provided to registered and unregistered patients including the fitting and removal of contraceptive implants and intra uterine devices such as coils.

Summary of findings

- Diagnostic tests and treatment room services that reflected the needs of this age group were carried out at the practice. This included blood pressure monitoring, phlebotomy, ear irrigation and minor surgery.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of 18 patients with a learning disability. Thirteen patients had been offered an annual health check and three had attended.
- Staff received biennial learning disability awareness training and had a good understanding of how to support patients with learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Patients receiving end of life care had a named GP and a planned visiting programme was put in place in consultation with family. The patients care needs were reviewed at a multi-disciplinary team meeting at which the end of life care facilitator attended.
- The practice informed 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)

Good



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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For

Summary of findings

example staff had access to a psycho geriatrician and liaised with the mental health intensive recovery team to facilitate home visits and same day support if patients were not coping well with dementia.

- All patients identified as having dementia were included in the practice's avoiding unplanned admissions register to ensure they benefitted from the additional scope of this service.
- 96% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 83% and the national average of 88%.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the CCG and national averages of 84%.
- The practice 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice undertook reflective learning with two other GP practices following significant events relating to patients who had attempted suicide, self-harmed and overdosed on medicines.

Summary of findings

What people who use the service say

We spoke with 10 patients during the inspection. All patients said they were satisfied with the care they received; and felt staff placed their individual needs at the centre of assessment, planning and delivery of care.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 and all but one contained positive comments about the standard of care received. Patients described the service as very good and thought staff were welcoming, kind and caring. Patients were specifically complimentary of the care and treatment offered to children, people experiencing poor mental health and those who are housebound.

Four of the 39 comment cards also highlighted improvements could be made to the telephone access and availability of routine appointments to improve the patient experience. This was aligned with the feedback received from some people we spoke with.

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. A total of 401 survey forms were distributed and 93 were returned. This represented a return rate of 23% and 2.9% of the practice's patient list size.

- 84% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) of 74% and national average of 73%.

- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

A total of 89 patients had completed the friends and family test comment cards in 2015/ 2016 and 91% of respondents would recommend the practice to others. In addition, 126 patients had responded to the practice's November 2015 survey. The results showed:

- 83 out of 126 (66%) patients found it easy to get through on the phone; and 79 out of the 83 could see the doctors quickly in the case of an emergency.
- 120 out of 126 (95%) patients said they would recommend the practice and
- All (100%) patients found the receptionist helpful.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider how to use the carers register more proactively to improve support for carers.
- Strengthen oversight of responses to complainants' to make sure these address all concerns raised by them.
- Continue to proactively recruit PPG members to ensure they provide a voice for patients, and are influential in shaping service provision.
- Review the systems for recalling patients with learning disabilities to attend for their annual health checks and / or receive regular monitoring.

The Alice Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Alice Medical Centre

The Alice Medical Centre is a single handed GP practice which provides primary medical services to 3211 patients through a general medical services contract (GMS). The practice is located in the Bestwood Park area near to Nottingham city centre.

The level of deprivation within the practice population is above the national average. The practice is in the second most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas.

The clinical team comprises one full-time GP (female) and a locum GP (male) currently working one day a week, a practice nurse and a health care assistant. The clinical team is supported by a full time practice manager, a secretary and a team of reception and administrative staff.

The practice is open from 8am to 8pm on Monday and 8am to 6.30pm Tuesday to Friday with the exception of Thursdays when the practice closes at 12.30pm. Telephones are covered by the out of hours provider between 8am and 8.30am, although a clinician is available during this time in case of an emergency.

Appointments are available from: 9am to 12pm and 4pm to 6pm on Mondays; 9am to 12pm and 3.10pm to 6pm on Tuesday, Wednesday and Friday; and 8.30am to 12pm on Thursday.

The practice is an approved teaching practice for medical students.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

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.

How we carried out this inspection

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

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

Detailed findings

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).

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 May 2016. During our visit we:

- Observed how patients were being cared for and talked with 10 patients who used the service.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with a range of staff (GP, practice nurse, practice manager, reception and administrative staff).
- Reviewed practice records and a sample of the treatment records of patients.
- Reviewed written feedback received from the learning disabilities primary care liaison nurse
- and two care home providers.

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 an open and transparent approach to managing significant events. This was supported by an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP of any safety incidents and there was a recording form available on the practice's computer system.
- The practice had recorded six significant events in the last 12 months. Records reviewed showed each significant event had been analysed and investigation findings were discussed during practice meetings. The incident reports were also attached to the meeting minutes for staff to refer to.
- The GP undertook audits linked to some of the significant events to improve safety in the practice. For example, following a positive test result for a patient was missed, an audit was undertaken to review pathology results received. The audit showed all results received had been reviewed and filed correctly after appropriate advice or treatment had been given to the individual patients. This also demonstrated that learning had been applied following the significant event.
- When there were unintended or unexpected safety incidents, patients received an apology, advice and were told about any actions to improve processes to prevent the same thing happening again

The practice had a system in place to receive and act on medicines alerts, medical devices alerts and other patient safety alerts.

- The GP received the alerts related to medicines and medical devices and was responsible for ensuring these were shared with staff and appropriate action was taken. The GP was able to give examples of recent alerts acted upon and patient reviews undertaken. However, we found the action taken in response to these alerts was not always documented to ensure an audit trail was maintained. Following our inspection, the practice submitted evidence to demonstrate a recording form had now been implemented.

- The practice manager also received other patient and safety alerts which were cascaded to staff. Staff signed to confirm they had read the alert and this information was also referred to when new patients tried to register with the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems and processes in place to keep patients safe. For example:

- The practice had suitable arrangements to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. The GP was the safeguarding lead and had undertaken level three training for child safeguarding. Staff demonstrated they understood their responsibilities to safeguard patients and all had received training relevant to their role including domestic violence. Records reviewed showed quarterly safeguarding meetings took place where the GP, practice nurse, family nurse practitioner and health visitor discussed patients in vulnerable circumstances including children. A system was in place for highlighting vulnerable patients on the practice's computer system to ensure staff were aware of any relevant issues when patients attended appointments.
- Information telling patients that they could ask for a chaperone was visible in the reception area and consultation rooms. Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. DBS understood their responsibilities, including where to stand to be able to observe the examination. Chaperone training had been scheduled for 6 July 2016 for all other staff not undertaking chaperoning duties.
- The practice monitored its cleanliness and infection control practices to ensure appropriate standards were maintained. We observed most parts of the premises to be visibly clean and tidy; except for carpeted areas which were accessible to staff only. 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 infection control policies in place and staff had received relevant training. Infection control audits were undertaken at least biennial and action was taken / or was planned to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and controlled drugs. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use and collection by patients. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We received positive feedback from two care home providers which confirmed the GP undertook regular medicine reviews for the residents; in liaison with their family members and care home staff.
- We reviewed three personnel files and found appropriate recruitment checks had mostly been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. We found risks to patients were assessed and well managed.

- The practice had a health and safety policy in place and staff were provided with relevant information as part of their induction.
- Fire evacuation drills were carried out twice yearly and a fire risk assessment was in place.
- The practice had a range of risk assessments in place to monitor the safety of the premises. This included control of substances hazardous to health and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).

The practice periodically tested and maintained its equipment to ensure it was safe for use. For example:

- Portable electrical equipment and fire extinguishers were tested at least annually and stickers were displayed indicating the last testing date.
- We saw evidence of calibration of medical equipment for example blood pressure monitors, scales and ear syringes. This had been completed in February 2016.
- Staff we spoke with told us they had sufficient equipment to perform their role.

Staffing

Staff told us they enjoyed working in the practice and there was a low level of staff turnover within the practice. 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. Cover arrangements were in place when staff were off sick or on annual leave. A male locum GP held regular clinical sessions one day a week to support the main GP.

The practice were actively recruiting for a salaried GP and part time nurse with limited success in finding suitable staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system in place in all the consultation and treatment rooms, and in the reception which enabled staff to alert others to any emergency.
- All staff had received basic life support, anaphylaxis and cardio pulmonary resuscitation (CPR) training.
- The practice had recently purchased a defibrillator and staff training had been planned for to ensure staff were competent to use it and check it was fit for use.
- The practice had oxygen available on the premises, a first aid kit and accident book.
- Emergency medicines were 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 stored securely. We identified that some emergency medicines were not available on the day of the

Are services safe?

inspection and this was discussed with the practice staff. We received evidence to confirm some of these emergency medicines had been purchased the day after our inspection.

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, suppliers of utilities and contingency arrangements should the premises not be accessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice ensured that patients received appropriate care and treatment by:

- Assessing their individual needs from the point of registration and using risk profiling tools in the diagnosis and management of long term conditions. For example, new patient health checks were offered and patients at risk of hospital admission were identified as a priority.
- Delivering care and treatment in line with evidence based guidelines. Staff had access to the National Institute for Health and Care Excellence (NICE) best practice guidelines and records showed new guidance was discussed in clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and the review of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 94.9% of the total number of points available. This was marginally above the clinical commissioning group (CCG) average of 91.5% and in line with the national average of 94.8%.

The practice had an exception reporting rate of 6.5% which was marginally below the CCG average of 8.9% and national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The most recent published QOF data related to 2014/15. The data showed:

- Performance for diabetes related indicators was 75% which was in line with the CCG average of 79% and

below the national average of 89%. Exception reporting for diabetes related indicators was 7% which was below the CCG average of 10% and the national average of 11%.

Practice supplied data showed the practice had achieved 74% for diabetes related indicators in 2015/16 and clinicians had identified this as an ongoing area for improvement. A clinical audit was undertaken in May 2016 to review the care of patients with poor glycaemic control (persistently high blood sugar levels) so as to improve their clinical outcomes. Staff acknowledged additional improvement work was still needed to encourage patients to attend regular monitoring of their blood sugar levels, blood pressure and cholesterol control for example. A monthly joint clinic was facilitated by the practice nurse and diabetes specialist nurse and the practice had adopted the “year of care model” for diabetes. The year of care model is a planned and comprehensive approach which describes the ongoing care a person with diabetes should expect to receive in a year, including self-management.

- 86% of patients with hypertension had regular blood pressure tests in the preceding 12 months and this was marginally above the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was 100% compared to the CCG average of 89% and national average of 93%. A total of 96% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 83% and the national average of 88%.
- Performance for dementia related indicators was 100% compared to the CCG average of 89% and national average of 95%. A total of 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was above the CCG and national averages of 84%.

The practice used clinical audits to improve the quality of care and services that patients received. This included audits linked to areas of underperformance, medicines management information, evidence based guidelines and information from the quality and outcomes framework (QOF).

Are services effective?

(for example, treatment is effective)

- There had been 12 clinical audits completed in 2015/16, and four of these were completed audits where improvements made were implemented and monitored.
- For example, the practice had initially audited the insertion and removal of long acting reversible contraceptive implants in January 2014. The findings showed 37.5% of patients had removed their implants earlier than the recommended three years; and of these 12.5% had removed this in the first 12 months and 25% within 24 months. The practice noted an improvement in the January 2016 audit in that no patient had the removal in the first 12 months. The practice attributed this to better counselling of patients, with clear expectations given before the procedure. In addition, the GP and nurse had attended refresher training and felt the options for managing the side effects had been helpful in deferring or stopping early removal.
- Records reviewed showed staff reflected upon the patient outcomes and areas of further improvement identified in the clinical audits.
- The practice participated in external peer group meetings where benchmarking data was discussed and used to drive improvements to patient care. Staff also participated in the CCG practice visit programme and actioned it's agreed patient specific objectives to improve patient outcomes.
- The practice worked with the CCG pharmacist to undertake prescribing audits and specifically considered areas of high prescribing, quality issues and cost saving medicine changes. Re-audits had been undertaken or were planned to ensure that changes to prescriptions or dosages had been implemented.

Effective staffing

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

- An induction programme was in place for all newly appointed staff. An employee handbook was given to staff and GP locums received an induction information pack. This was to ensure that all staff were oriented to the practice's objectives, policies, systems and safety arrangements.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included training on safeguarding of vulnerable adults

and children, fire safety awareness, basic life support and information governance. Staff had protected learning time each month and accessed in-house and external training.

- Staff were supported to access role-specific training and updates. For example, clinical staff reviewing patients with long-term conditions, taking samples for the cervical screening programme and administering vaccinations.
- The learning needs of staff were identified through a system of appraisals, meetings, supervision and practice development needs. All staff had received an appraisal within the last 12 months or had one planned.

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, treatment plans, medical records, investigation and test results.
- Staff worked together with other health and social care professionals to meet patients' needs and share appropriate information in relation to the admission, discharge and transfer of individual patients.
- Multi-disciplinary team meetings took place at least every three months and treatment / care plans were routinely reviewed and updated for patients with complex needs. This included people receiving end of life care, people with long terms conditions, dementia and experiencing poor mental health. The practice worked closely with the community matron, district nurse, community specialist nurses and the care coordinator to ensure patients received coordinated care.
- Yearly meetings were held with the learning disabilities primary care liaison nurse to review patients on the learning disabilities register. The nurse gave positive feedback about the practice staff which included: their proactiveness in seeking advice regarding referrals and other support services for patients as well as making reasonable adjustments for patients to ensure they had good access to the service.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff we spoke with could access the practice's consent policy to support their decision making when gaining patient's consent to treatment and examination. They 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, clinical staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.
- Consent was sought from patients for procedures such as insertion of intrauterine devices and minor operations as well as the sharing of their information / summary care record.
- A patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure; and signed consent forms were scanned onto their electronic medical record.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. For example: patients at risk of developing a long-term condition; people experiencing poor mental health and those requiring advice on their diet, alcohol and smoking cessation. Patients were then signposted to the relevant service.
- Patients had access to appropriate health assessments and checks. This included the NHS health checks for patients aged 40–74 and annual health checks for people with learning disabilities. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We however noted that the uptake of these checks was relatively low. For example,
- A total of 76 NHS health checks had been completed for the year ending 31 March 2016 and 101 patients had failed to respond even though invitation/reminder letters had been sent to them.

- The practice had 18 patients on the learning disability register and 13 of them had been offered an annual health check. Only three patients had attended for this check, although some patients had been seen by the GP/ nurse during the year. The practice recognised this as an area of improvement and worked closely with learning disabilities primary care liaison nurse to discuss the review arrangements for the patients who had not attended. In addition, a designated member of staff was responsible for following up patients and / or their carers if they had not attended; with some appointments booked after our inspection.

The 2014/15 immunisation rates for vaccinations given to children were comparable or marginally above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.4% to 100% and five year olds from 90.6% to 100%. Benchmarking data as at December 2015 showed the practice had the highest uptake of vaccinations related to diphtheria, tetanus, pertussis (DTaP/IPV/Hib) and measles, mumps and rubella (MMR) given to two year olds when compared with 56 other practices within the CCG.

The 2014/15 Public Health England data showed the practice's cancer screening rates were comparable or marginally below the CCG and national averages. For example:

- 79% of females aged between 25 and 64 years had a record of cervical screening within the preceding five years compared to a CCG average of 81% and national average of 82%.
- 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%.
- 44% of patients 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%.

The practice had responded to this data by completing audits related to cervical and bowel cancer screening and identifying improvement areas. Eligible patients who had not attended for screening were contacted and offered appointments. In addition, the practice had strengthened its recall system for following up patients who did not attend.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

All but one of the 39 patient Care Quality Commission comment cards we received were positive about the way staff treat people. Most of the patients felt a person centred culture was promoted by staff and the practice offered a very good service.

We spoke with 10 patients and most of them were satisfied with the care provided by the practice. Patients felt very much supported and cared for by the practice staff; and reception staff were mostly praised for being welcoming, helpful and caring. Some patients gave specific examples of when the GP, practice nurse and reception staff had responded compassionately when they needed help and provided support when required.

We also observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients also told us staff promoted and respected their privacy and dignity by ensuring:

- Confidentiality was maintained in the handling of their personal information and assessment of their individual needs.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms during examinations, investigations and treatments.

Feedback received from patients was aligned with the national GP patient survey results published in January 2016. For example:

- 98% of patients said they found the receptionists at the practice helpful compared to the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% national average of 85%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

Feedback from two care home providers was complimentary of the caring nature of staff and good standards of care and support offered for their residents.

Care planning and involvement in decisions about care and treatment

The practice maintained close working relationships with other health and social care professionals to ensure that appropriate care planning took place. This included sharing care plans with the out of hours service.

Patients we spoke with told us they felt involved in decisions relating to their care and treatment because:

- They could express their views without staff being judgemental.
- Staff listened to them and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff provided information and support in relation to their care or treatment.

Patient feedback from the comment cards we received was also positive and aligned with these views. Translation services were available for patients who did not have English as a first language to ensure they were supported and involved in decisions about their care. The practice had a cohort of Polish patients and had recruited a reception staff who spoke Polish language to improve communication with these patients.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results for consultations with GPs and nurses were in line with local and national averages. For example:

- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 88% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.

Are services caring?

- 91% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 95% 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%.
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers, which represented 1.2% of the patient list size. We found the carers register was not proactively used to monitor the care offered for carers. However, following our inspection we were informed that a lead member of staff had been designated to review the carers register and ensure appropriate support was in place for these patients and that relevant information was available within the practice to direct carers to the various avenues of support available to them.

The staff supported the family and carers of patients receiving end of life care and in bereavement. This included the GP contacting the families and offering a patient consultation at a flexible time and / or giving them advice on how to find a support service. Staff also attended the patient's funeral where possible and there were occasions when family members attended the practice "just to speak with someone". Two patients we spoke with confirmed a private room was offered to them when they appeared distressed and one patient said a counselling referral had also been suggested.

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 worked with other health professionals to identify patients at high risk of an unplanned hospital admission or attending accident and emergency (A&E) services. A total of 61 patients had been identified (1.9% of the patient list) and had care plans in place. Patients had a direct phone number to contact the practice if their health needs deteriorated and they received a same day appointment or telephone consultation when requested. Arrangements were also in place to contact patients 48 hours post hospital discharge.

Practice supplied data showed usage of A&E services was in line with CCG average and emergency admission rates were slightly higher in comparison to other practices. The GP had carried out an audit of children under the age of 15 years attending A&E to explore the reasons for this, identify any patterns and implement preventative measures.

Services were planned and delivered to take into account the needs of different population groups and to help provide flexibility, choice and continuity of care. For example:

- The practice had close links with its two local care homes and the named GP undertook regular visits to review the on-going needs of the residents. Care home staff told us the practice provided a highly responsive service to patients and this included visiting on the same day when this was required.
- Patients with multiple long term conditions were seen in one extended appointment to prevent the need for multiple appointments. For example, reviews of people with diabetes, asthma and chronic heart disease.
- The diabetes nurse specialist attended the practice monthly and delivered a joint clinic with the practice nurse.

- The practice provided family planning services including the insertion and removal of intra uterine devices such as coils and implants. These services were also accessible to unregistered patients subject to referral by their own GP.
- Weekly baby clinics were now held at a different practice from April 2016 due to a shortage in health visitors within the local area. This arrangement was due to be reviewed in September 2016.
- Patients from other practices were able to attend the surgery as part of the Any Qualified Provider (AQP) scheme for treatment room services not provided at their own surgery. This included blood tests and an electrocardiogram test (an ECG is a test used to check the heart's rhythm).
- Patients were able to access other services such as minor surgery and travel vaccinations.
- The practice staff were aware of the constraints of the current premises given the growing practice population and were considering various options to extend and improve access for people with disabilities. Patients had access to a pram park and some disabled facilities excluding automatic front doors. Reasonable adjustments were made to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open from 8am to 8pm on Monday and 8am to 6.30pm Tuesday to Friday with the exception of Thursdays when the practice closed at 12.30pm. Telephones were covered by the out of hours provider between 8am and 8.30am, although a clinician was available during this time in case of an emergency. Appointments were available from: 9am to 12pm and 4pm to 6pm on Mondays; 9am to 12pm and 3.10pm to 6pm on Tuesday, Wednesday and Friday; and 8.30am to 12pm on Thursday.

The practice offered a range of appointments and these could be made on line, via the telephone and in person. For example:

- Same day appointments were given to children under the age of 15 and those with serious medical conditions.

Are services responsive to people's needs?

(for example, to feedback?)

- A waiting list was also kept if no appointments were left on the day and a patient indicated they required to be seen. Patients were then contacted and offered a telephone consultation or an appointment if one became available
- The practice offered telephone consultations and extended hours GP appointments mainly for working patients who could not attend during normal opening hours. These were available on a Monday evening between 6.30pm and 8pm.
- The practice offered access to routine appointments on a Saturday under a local agreement with another GP practice (Hucknall Road Medical Centre). These appointments were available for booking until 1pm on the Friday.
- There were longer appointments available for patients with complex needs, experiencing poor mental health needs and with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Patient feedback showed a high satisfaction rate with the telephone access and appointment system. 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. Some of people we spoke with reported difficulties / long waiting times to access routine appointments when they called after 8am. This was aligned with four comment cards received and the practice's November 2015 survey. On the day of our inspection, we observed that a routine GP appointment was available within two working days and thereafter a week later.

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.

- 87% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 75%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and the national average of 85%.
- 98% of patients said the last appointment they got was convenient compared to the CCG and the national averages of 92%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 74% and the national average of 73%.

Records showed the practice audited its appointment system to review patient demand and to inform any changes if needed. The most recent audit had been initiated on 1 May 2016 and was still in progress at the time of our inspection.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice. The GP investigated all clinical complaints.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found they had been acknowledged and responded to. All but one complaint had been investigated thoroughly and apologies had been given where appropriate. One response letter from the practice did not fully consider and respond appropriately to the concerns raised by the patient. This was highlighted to the practice manager for review and we were assured us this would be addressed.

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

Lessons were learnt from individual concerns and action was taken to improve the quality of care. For example, the practice repositioned the desk in one of the treatment rooms in response to a complaint that it was not easily accessible to a patient using a wheelchair.

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 ethos included taking a holistic approach to the provision of health care services and caring for patients with compassion, continuity and clinical excellence.
- The practice's aims and objectives were detailed within the practice's statement of purpose.
- Staff we spoke with demonstrated awareness of the practice vision and values, and knew what their responsibilities were in relation to these.
- The practice had a supporting business plan which reflected the vision and values, and planned changes for the next five years.

Governance arrangements

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

- A clear staffing structure and staff we spoke with were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. This included the clinical governance and quality assurance policies which encompassed education and training, clinical audit, risk management and an ethos of continuous improvement. We saw evidence of these policies being reviewed and implemented in practice.
- Staff reviewed the practice's performance on a regular basis to ensure a comprehensive understanding of the outcomes achieved for patients and areas of improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The clinicians attended peer review meetings with two local GP practices to review the learning from each other's significant events and to share best practice.

Examples of significant events reviewed related to post-natal depression, self-harm/suicide attempts and overdose of medicines. The three practices had also reviewed referrals related to dermatology and cardiology.

Leadership and culture

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

- On the inspection day, the GP and practice manager demonstrated they had the experience and capability to run the practice and ensure high quality care.
- Staff told us they were visible, approachable and always took the time to listen to them.
- A regular schedule of meetings was in place to ensure that staff were kept up to date with relevant information and learning.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice had a whistleblowing policy which was available to all staff.
- The practice was an approved teaching practice for medical students in years one, two and four. The GP told us she enjoyed facilitating these placements and was working towards being a training practice for qualified doctors.
- The GP, practice manager and / or nurse attended the monthly locality meetings held each month where educational talks and peer discussions were held.
- The practice had also signed up to the Nottingham City GP Alliance Limited to ensure shared working and learning

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

The practice encouraged and valued feedback from patients through informal discussions, surveys, complaints and comments made as part of the family and friends test. For example:

- The 2014/15 friends and family test results showed 94% of the 257 patients who responded would recommend the practice to others

Are services well-led?

Good 

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

- A total of 126 patients had responded to the practice's November 2015 survey. The results showed:
- 83 out of 126 (66%) patients found it easy to get through on the phone; and 79 out of the 83 could see the doctors quickly in the case of an emergency.
- 120 out of 126 (95%) patients said they would recommend the practice and
- all (100%) patients found the receptionist helpful

The practice had experienced some challenges in recruiting members to the Patient Participation Group (PPG) since

November 2014. This was despite advertising the PPG within the practice and the website, as well as invitation letters having been sent out to some patients. The group had recently met on 27 April 2016 and were still in the early stages of influencing how the practice was run.

The practice had gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they enjoyed working in the practice and were involved in discussions about how to develop the practice.