

# Wollaton Park Medical Practice

## Quality Report

12 Harrow Road  
Wollaton Park  
Nottingham  
NG8 1FG

Tel: 0115 9855016

Website: [www.wollatonparkmedicalcentre.co.uk](http://www.wollatonparkmedicalcentre.co.uk)

Date of inspection visit: 25 April 2016

Date of publication: 27/06/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Wollaton Park Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wollaton Park Medical Practice on 25 April 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied. Staff were actively encouraged to report significant events including positive ones.
- There was easy access to appointments for patients whose circumstances made them vulnerable, for example patients from the traveller community. They were assured of an appointment on the day when they presented to the practice without a booked appointment.
- Feedback from patients about their care was consistently positive. Data from the GP survey was consistently high and this included confidence in care provided by GPs, where 92% of patients surveyed said they had confidence and trust in the last GP they saw or spoke to.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe, particularly the end of life care patients.
- Suggestions for improvements were implemented and changes were made to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice actively reviewed complaints for trends and how they were managed and responded to, and made improvements as a result.
- There was a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.

# Summary of findings

- The practice developed a bespoke recall system for patients with long term conditions which enabled them to view a patient's multiple conditions in one summary and manage their problems in single appointments. This system improved compliance with appointments because patients did not need to make multiple appointments.
- The practice staff were responsive to the needs of the local community and often saw school age children from the neighbouring schools if they fell ill at school and assisted with medical emergencies.
- Ensure safe patient care by identifying risk and doing all that is possible to mitigate this by developing a system for the management of MHRA alerts in the practice so there is clear responsibility of actions and a log is kept of actions taken.
- Carry out health and safety assessments regularly.
- Ensure recruitment checks at the point of offering employment are robust and any risk assessments undertaken should record the actions taken to mitigate risks.

However, the areas where the provider should make improvements are:

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system in place for reporting and recording significant events
- The practice had robust processes in place to investigate significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. There was evidence of shared learning across the practice and more widely with the CCG following significant event meetings.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- The practice had systems in place to deal with emergencies. However arrangements for managing medicine alerts were not robust, with no system in place for recording actions undertaken as a result of the alerts.
- There were no regular health and safety assessments to identify, assess and mitigate risks.

### 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.
- We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example, there were 25 clinical audits on the practice audits database and eight had been carried out in the last 12 months. A completed audit on prescribing indicated improved and appropriate prescribing for patients resulting in more effective patient care.
- The practice worked closely with the CCG Medicines Management pharmacist and held an annual meeting to analyse their prescribing to ensure that they were prescribing effectively and acted on recommended actions.

# Summary of findings

- Data showed that the practice was performing consistently highly on QOF when compared to practices nationally. The practice had admissions through hospitals emergency departments in line with the CCG despite its close proximity to the two hospitals in Nottingham indicating patients could access medical care when needed at the practice.
- Staff worked effectively with multi-disciplinary teams to meet the range and complexity of people's needs. Of particular note was the joint working between GPs and district nurses in respect of patients nearing the end of their life, and efforts were made to ensure that patients died in their preferred place of care.
- Staff had the skills, knowledge and experience to deliver efficient care and treatment. Additional training was offered to staff in-house to improve their understanding of safeguarding children and vulnerable adults.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice well for several aspects of care. For example, 82% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, in line with the CCG average of 81% and national average of 82%.
- Feedback from patients and carers was consistently positive about the way staff treated vulnerable patients. For example, one patient told us they were able to discuss all their medical problems when they saw the GP and most patients felt that the staff genuinely cared for them.
- Views of external stakeholders were strongly positive and aligned with our findings.
- The practice had identified 119 patients as carers (1.6% of the practice list). We saw information on how to access carers support available in the reception waiting area.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had a GP triage system which allowed quick telephone advice from a GP and assessment of patients in need of urgent treatment.
- Extended hours were offered from 7am to 8am on Tuesdays and Fridays with GP and health care assistant appointments to accommodate patients who could not attend during normal opening hours.

Good



# Summary of findings

- The practice responded to emergency medical needs of students at the two neighbouring schools during outbreaks such as diarrhoea and vomiting.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, improving the appointments system to include telephone appointments.
- 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.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as a priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. There was no 'senior partner' view, with all GPs and the practice manager sharing responsibilities across the practice and encouraging staff to take on lead roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. Practice policies and procedures were actively reviewed and staff had a wide range of training resources available to them through the bespoke practice intranet.
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG worked closely with the practice to review complaints and issues pertaining to appointments access.
- Staff were encouraged to develop and progress their roles with a strong focus on training to build resilience within the team.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice has a significant elderly population with 17.8% aged over 65, compared to a CCG average of 11.1% and national average of 17.1%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included patients resident in care homes who were offered annual health reviews as appropriate.
- They worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital to ensure their needs were met. For example, the practice coordinated care with the district nurses, social workers, care coordinators and community matron service to ensure that complex patients had care plans recorded and their records reviewed regularly to improve their outcomes.
- The practice offered annual health checks to elderly patients aged 75 and over who had a medical condition or were on regular medications in the month of their birth to discuss their health needs and review their medication. The practice worked closely with a community pharmacist who carried out medication reviews for patients on multiple medications.
- All over 75s had a named GP for continuity of care. Longer appointments were offered if needed.
- The practice reported the flu vaccination uptake for 2015/16 was over 1400 patients, which was 60% of eligible patients. The practice reported this was achieved by offering home visits for the vaccinations.

Good



### People with long term conditions

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

- The practice actively managed its annual recall system, recalling patients in the month of their birthday and followed up non-attenders to check their health and medicines needs were being met. The practice had a bespoke system which was

Good



# Summary of findings

updated with current data every month and addressed all of the patients long term conditions in one go. The system enabled patients to be seen by the most appropriate member of staff.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority, ensuring they had care plans in place.
- Nursing staff worked collaboratively with other community healthcare teams such as the care coordinator, district nursing team, respiratory team and heart failure team to improve outcomes for the patients.
- QOF achievement on indicators for chronic obstructive pulmonary disease was consistently above CCG averages. For example, the percentage of patients with the condition who had a review undertaken by a health professional within the preceding 12 months was 86%, compared to a CCG average of 80.5% and national average of 79.9. The exception reporting rate for the practice was 5.3%, which was lower than the CCG average of 9.4% and also lower than the national average of 11.1%.
- QOF achievement on indicators for asthma and heart failure were broadly in line with national averages. We saw evidence of an asthma protocol used by the nursing team for the effective management of patients with the condition.
- Longer appointments and home visits were available and offered when needed and every patient had a named GP for continuity of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, all child A&E attendances were reviewed by a GP and discussed with the health visitor if appropriate.
- The practice held regular safeguarding meetings and the health visitor held clinics every Tuesday at the practice. There was an assigned midwife who saw patients at home and worked closely with the surgery. The practice offered newborn checks and six week postnatal checks.
- Immunisation rates were mostly above the CCG averages for standard childhood immunisations. Vaccination rates for

Good



# Summary of findings

children under two years old ranged from 93.2% to 98.1% compared against a CCG average ranging from 91.1% to 96.3%. Vaccination rates for five year olds ranged from 81.3% to 92.3%, compared to the CCG average of 86.9% to 95.3%.

- Appointments were available outside of school hours with urgent appointments available on the day for children and babies. The practice staff were responsive to the needs of the local community and often saw school age children from the neighbouring schools if they fell ill at school and assisted with medical emergencies. Staff told us the practice had seen children attending without booked appointments during a diarrhoea and vomiting outbreak at one of the schools.
- The practice offered family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

## 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 and triage, text reminders and the availability of early morning appointments from 7am to 8am every Tuesday as pre-bookable appointments only. Appointments with the health care assistant were available from 7am on Tuesdays and Fridays
- The practice was proactive in offering online services such as online prescription requests, appointments and access to clinical coded medical records.
- There was a full range of health promotion and screening information in the practice and online that reflects the needs for this age group such as cervical and bowel screening, with a system in place to check the uptake of services. Other services included travel clinics, NHS health check, well man and well woman checks.
- The practice's uptake for cervical screening for eligible patients was 83.2%, which was in line with the CCG average of 81.5% and the national average of 81.8%.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. There were nominated GPs for safeguarding within the practice. Staff were aware of their responsibilities regarding information sharing and how to contact relevant agencies in normal working hours and out of hours.
- A telephone triage system was in place for identifying patients in need of urgent appointments so that arrangements were made to see them quickly. The practice worked with a care coordinator to organise medical and social care that may be required urgently.
- The practice provided good support for end of life care patients, keeping them under close review in conjunction with the community matrons through monthly review meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice informed patients about Last Orders service if concerns about alcohol abuse were identified at registration with the practice.
- There was a vulnerable adults policy and procedure in place for the registration of homeless and traveller patients. Staff understood that compliance with appointments may be difficult for these patients and would make efforts to find appointments for them if they presented to the practice in need of medical care. Homeless patients were encouraged to use the practice address for their correspondence and they would be telephoned to collect their letters.
- The practice had 28 patients on their learning disabilities register, and 93% of them had received a health review in the last year. Longer appointments including home visits were offered to them.
- There were 13 patients on the palliative care register and not all of them had cancer, showing that the practice included all patients with life limiting conditions to ensure they had access to high quality palliative care.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment, and language line for patients who need an interpreter. Patients using these services would be offered longer appointments if needed.

# Summary of findings

## 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 provided a dementia screening enhanced service which encouraged early identification of patients at risk of dementia and offered them an assessment opportunistically. Advanced care planning was in place for patients diagnosed with dementia.
- 82% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in 2014/15. This was in line with the national average of 84%.
- The practice achieved 98% for mental health related indicators in QOF, which was 9.3% above CCG average and 5.2% above national average.
- Staff told us that there were 38 patients on the mental health register in 2015/16, and 94% had care plans, and there were 65 patients on the dementia register and 85% had a care plans in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Annual reviews which included physical assessments were offered to patients.
- Staff had a good understanding of how to support patients with mental health needs and dementia by referring them to counselling and support groups. Staff had received training on mental health, dementia awareness and working together with crisis teams, carers, dementia outreach team and social care.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. Out of the 251 survey forms which were distributed 106 were returned. This represented a response rate of 42%.

- 61% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 81% 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%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 83% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 completed comment cards of which 16 were entirely positive. The remaining one were also

positive about the delivery of care but commented on difficulties in getting through to the practice telephone to make an appointment and sometimes waiting for a long time to make appointments.

There was a common theme around patients being treated with dignity and respect and treated with compassion and kindness. Patients told us the practice was friendly and efficient. There were very positive comments from new patients who had recently joined the practice. There were letters from patients complimenting staff team for the attention given to them and the care provided by the GPs, including doctors in training.

We spoke with ten patients during the inspection including members of the Patient Participation Group (PPG). All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most patients were pleased with the triage system offering same day appointments when needed for patients who were unwell and they did not feel rushed when seeing the GPs and nurses. The results of the practice Friends and Family test were very positive with 90% of respondents saying they would recommend the practice to their friends and family.

# Wollaton Park Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to Wollaton Park Medical Practice

The practice is located in Wollaton Park suburbs of Nottingham with a list size of approximately 7800. There are two schools in the area, and it is within easy distance to the University of Nottingham main campus, the university's Jubilee campus and the Queens Medical Centre hospital.

There are two care homes for older people near the practice, and they currently have two registered patients in one of them. The practice population is very mixed with a significant number of older people who are not in residential care, graduates from the university and their families as well as young people with a disability. It is ethnically diverse with many patients from Pakistani, Eastern European and Middle Eastern origins. Data shows number of 20-29 year olds registered at the practice is lower than the national average and the number of patients aged 0-14, 40-44 and 80-85+ years old is higher than the national average.

The practice operates from a building built in 2007 with a number of clinical and non-clinical rooms. There is easy

access to all rooms for both patients and staff and facilities include minor operations suite, breast feeding room, disabled access toilets, isolation room, parking and a pharmacy just outside the practice doors.

The practice team comprises seven GP partners, three practice nurses, two healthcare assistants, a practice manager and the administrative/reception team. There are five female GPs and two male GPs. It is a training practice and currently has two trainee GPs.

The practice is open between 8am and 6.30pm Monday and Wednesday, 7am to 6.30pm on Tuesday and Friday, 8am to 5pm on Thursday. Appointment times vary throughout the day to meet demand, with the earliest appointment starting at 8am and the latest appointment offered at 5.50pm daily. Extended hours appointments are offered from 7am to 8am every Tuesday and Friday as pre-bookable appointments only. There is a pharmacy located next to the practice.

When the surgery is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

## 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

# Detailed findings

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 25 April 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, health care assistants, 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.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available on the practice intranet and in paper form. There was a comprehensive incident management procedure in place.
- There was evidence of a high level of reporting of significant events, including positive events with 19 recorded in the last year. The record keeping on significant events was exceptional, with 162 events recorded on the system since 2009.
- The practice adopted a no blame culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at regular meetings twice a month for the various staff groups, and they were listed as a standing item on meeting agendas. Staff told us they felt comfortable with raising concerns at any time.
- All significant events were reported to the National Reporting and Learning System (NRLS) and shared within the CCG if deemed appropriate. We saw evidence of completed significant event forms.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Lessons from the events were shared externally as appropriate. For example, when a patient was discharged from the hospital and presented to the practice the next day, the GP discovered that some tests had been requested by doctors at the hospital without a process in place for following up on the investigations. This highlighted a safety problem which was shared with the CCG so that it could be raised with colleagues in secondary care and the wider GP community.
- The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions. There were examples of actions agreed at meetings

followed up by a message to all clinical staff reminding them of the agreed protocols. A significant event had instigated a clinical audit into paracetamol prescribing in patients in adult patients of low body weight, showing that the practice used an event as a learning opportunity.

### Overview of safety systems and processes

The practice demonstrated they had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received safeguarding training and GPs were trained to Level 3 for safeguarding children.
- The practice had a robust system in place for recording safeguarding alerts on their computer system using a template which allowed flags to be added to other family members related to the concern. They were able to share their records with other services such as the health visiting service electronically and had a process in place for removing and updating alerts.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, sharing the role with a nominated GP, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found an inconsistent system in

## Are services safe?

respect of carrying out recruitment checks prior to employment. Some recently recruited clinical staff had DBS checks undertaken retrospectively after they had commenced employment and risk assessments did not fully identify the risks posed with working with vulnerable children and adults.

- There were arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

However, we found that the practice did not have a robust system in place for the management of information received from the Medicines and Healthcare Regulatory Agency (MHRA). Only one GP received the alerts and acted on them but there was no system for recording alerts received and the actions taken. The practice policy indicated that the alerts would go to the practice manager who confirmed they did not receive the alerts and staff were unsure of the process in place for the receipt and acting on the alerts.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. Some risks to patients were assessed but the following systems needed strengthening:

- There were no systems in place to review health and safety regularly within the practice, and the last informal assessment was carried out over 12 months ago.

We found that risks were appropriately managed in respect of the following:

- A legionella risk assessment had been carried out and arrangements were in place for regular checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- Arrangements were in place for planning and monitoring the number of staff 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 with a reception team leader on each day.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments and audits.

### 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 that the practice had achieved 94.4%, with an exception reporting rate of 7% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in all areas was in line with local and national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 77.9%, which was in line with the CCG average of 79.1% but below the national average of 89.2%
- Performance for mental health related indicators was 98%, which was better than the CCG average of 88.7% and the national average of 92.8%
- Performance for dementia related indicators was 100%, better than the CCG average of 89.4% and national average of 94.5%. The exception reporting rate for dementia was 2.7%, which was significantly lower than the CCG average of 8.5% and national average of 8.3%.
- Performance for hypertension indicators was 98.2%, in line with the CCG average of 97.4% and better than the national average of 97.8%

Data indicated there was a high exception reporting rate for diabetes. The practice reflected on their performance in diabetes by reviewing their protocol on diagnosis, initial management of patients and the annual reviews. This involved offering longer appointments with the health care assistant and nurses, improving the recall system so that patients attended their reviews and referring complex cases to the diabetic specialist nurse. We saw evidence of meetings where the changes were discussed and the practice reported that their overall QOF performance had improved in 2015/16 from 94.4% to 98.9%, although this had not yet been verified and published.

A significant number of clinical audits were undertaken within the practice.

- The practice had developed an audit database used to record and track all audits undertaken. The database recorded the number of completed audits, when the data was last collected and which clinician was leading on the audit. There were 25 audits logged on the database.
- There had been at least eight clinical audits undertaken in the last 12 months. Three of these were completed audits where the improvements made were implemented and monitored. For example, the practice completed an audit to review prescribing patterns for patients with a pain condition caused by dysfunction in the nervous system. The results showed that the practice had followed the recommended guidelines and recorded the reasons for any deviation from published guidelines. The audit indicated that patients with neuropathic pain had their medication managed more appropriately.
- Audits were carried out on minor surgery procedures so that any complications were reviewed and results analysed to ensure any actions required were followed up with the patient. We saw evidence of audit results which where a post-operative infection was reviewed by the GP.
- Other audits included prescribing after acute coronary syndrome, domestic abuse, the use of antipsychotics in dementia and a paracetamol prescribing audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. There was evidence of regular engagement with the CCG and involvement in peer reviews.

# Are services effective?

## (for example, treatment is effective)

Data supplied by the CCG indicated the practice performance was consistently in line with the CCG. The practice regularly assessed their performance in areas such as admissions and referrals. For example, between April 2014 and March 2015:

- The number of emergency admissions was comparable to other practices at 15.63 per 1000 patients, compared to the national average of 14.6 per 1000 patients.
- The number of emergency inpatient spells was 91.9 admissions per 1000 patients, in line with the CCG average which fell just above at approximately 90 admissions per 1000.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All policies and procedures were available on the bespoke intranet which was tailored to ensure policies relevant to the various staff groups were prioritised for their attention.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and nurses. The clinical staff met informally every morning at 9am for mutual support. All staff had received an appraisal within the last 12 months.

- In addition to formal training sessions, the practice held in-house training on topics such as diabetes and depo provera contraception injections for the nursing staff, to ensure that staff were confident in their knowledge and actions to take if needed.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made use of the close location proximity with the community teams by making referrals promptly and discussing them in person.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt and patients were informed in a timely manner if the initiating GP was away from the practice.
- The practice managed vulnerable patients proactively through the unplanned admissions register enhanced service. Under this service, all visit requests from patients on the register were triaged promptly and the practice worked closely with care coordinators so that the appropriate health and social care arrangements were in place to support patients. The impact of this service was evident in the lower hospital admissions and improved emergency care for patients closer to home.
- We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP 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 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.
- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

## Supporting patients to live healthier lives

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care which was reflected in low referrals to the hospital.

- Patients diagnosed with complex diabetes were referred to a community diabetes specialist nurse to improve the outcomes for those patients.
- The practice proactively identified patients with dementia to ensure that support was put in place for the patients and their carers in a timely manner.
- The practice offered 'Well person checks' for patients to encourage healthy lifestyles and early detection of any potential long term conditions. In addition to this, the practice offered a range of services such as smoking cessation, family planning, asthma clinics and child health surveillance. The practice provided data showing that 537 patients had been offered smoking cessation advice in the last 12 months and 29 had now stopped smoking.

Data showed the practice's uptake for the cervical screening programme was 83.22%, which was comparable to the CCG average of 81.5% and the national average of 81.8%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and data showed uptake rates were in line with the CCG averages and above the national averages. For example,

- The proportion of patients who had been screened for breast cancer in the last 36 months was 70.5%, compared to a CCG average of 70.4% and national average of 72.2%.
- The proportion of patients who had been screened for bowel cancer in the last 30 months was 63.3%, which was higher than the CCG average of 53.8% and the national average of 58.3%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.2% to 98.1% (CCG range from 91.1% to 96.3%) and five year olds from 81.3% to 92.3% (CCG range from 86.9% to 95.3%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice reported that 3.7% of eligible patients had completed an NHS health check in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

19 out of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback provided to Healthwatch by patients was positive about emergency appointments availability, access to nurse appointments and care provided by the GPs. Patients reported that the GPs were very caring and listened to them.

Feedback from patients who use the service, carers and community teams is continually positive about the way staff treat people. Examples included a large number of thank you letters and cards from patients.

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

- 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 89% 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 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% 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 the national average of 82%.

## Are services caring?

- 73% 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 the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw leaflets in different languages in the reception area.

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

Patient information leaflets and notices were available in the patient waiting area which 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 identified 119 patients as carers (1.6% of the practice list). The practice told us they

encouraged carers to identify themselves to the staff so that they were provided with support information. There were leaflets available in the reception waiting area on how to access carers support.

The practice proactively planned end of life care, in conjunction with community teams, to ensure anticipatory drugs were in place, speaking to the patient and their relatives to ensure their wishes are taken into account.

The practice discussed all deaths at the multi-disciplinary meetings to ensure bereavement support was initiated.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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. Leaflets were available in the waiting room for services offering bereavement support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments which were pre-bookable only on Tuesday and Friday mornings from 7am to 8am for the convenience of working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice visited one care home for the elderly where some registered patients resided. The practice responded to visit requests from the homes expediently to avoid unnecessary admissions and worked closely with the care coordinator service.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor.
- The practice used text reminders for appointments with the option to cancel by text in efforts to reduce the number of non- attendances.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available when required.
- The practice accepted temporary residents to register for urgent care if needed and accepted out of area registrations for patients employed in the area but registered with a GP near where they live.
- All patients had a named GP for continuity of care where possible. One of the GPs wrote to newly registered patients to advise them of their named GP.

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday, and 8am to 5pm on Thursday. Appointment times varied throughout the day to meet demand, with the earliest appointment starting at 8am and the latest appointment offered at 5.30pm. The on call doctor and nurse were available until 6.30pm.

Extended hours appointments were offered from 7am to 8am every Tuesday and Friday with two GPs and a health care assistant available. The practice used a triage system which enabled the practice to deal with fluctuating demand safely. Patients received a call back from a GP to ensure the appropriate clinical response to the patients' needs. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Minor illness appointments were offered by the nurses.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 61% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was aware of these results and was looking to improve access through analysis of their non-attendance rates and triage system. Following an analysis of the patient survey results, the practice appointed a new GP partner. There were plans to employ an additional GP partner to increase GP appointments in response to the pending closure of a neighbouring practice which could increase the list size by up to 3000 new patients.

The practice offered telephone appointments following discussions with their PPG on increasing access to GP care. People told us on the day of the inspection that they were able to get appointments when they needed them. The practice told us that they offered a mix of face to face appointments, telephone appointments and home visits. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had identified that compliance with

### Access to the service

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

appointments was difficult for vulnerable people, so they encouraged these patients to present to reception whenever they felt the need for medical care and an appointment was offered to them on the day.

## Listening and learning from concerns and complaints

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

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

with leaflets available. There was a complaints and compliments box in the reception area and information on complaints was also available on the practice website.

We saw evidence of recording both verbal and written complaints. We looked at 8 verbal complaints and 16 written complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken as a result to improve the quality of care. For example, complaints were discussed at practice team meetings so that any learning was shared and changes to policies and procedures were implemented as a practice team.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement centred on providing high quality patient centred care. Staff knew and understood the values especially teamwork, and did not feel that a hierarchical structure existed between them and the GPs.
- There was a practice development plan in place detailing the practice strategy for the financial year. This included expanding training capacity to include student nursing placements and development of roles as part of succession planning. There were plans to increase the practice role in medical education both at undergraduate and postgraduate level, and one of the GP partners had recently qualified as a trainer to undertake more training responsibilities.
- The practice were aware of the pending closure of a neighbouring practice which would lead to an increase in their patient list size, and actively putting measures in place to cope with the demand by employing an additional GP partner and more training GPs. Consideration had been given to extending the practice building and plans were under review.
- The partners looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing locum doctors. The same applied to all staff groups where every role could be carried out by at least two people to ensure adequate cover was in place during absences.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All partners have clear responsibilities in both clinical and non-clinical areas which all the staff are aware of.
- Practice specific policies were implemented and were available to all staff. We saw that there were various

meetings held between the different staff groups in addition to the whole practice meetings where policies and changes were discussed. Policies and procedures were available on the practice intranet and staff told us they found it easy to access the intranet.

- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. For example, we saw that GPs had experience in a range of areas such as palliative care, domestic violence and safeguarding. These skills were used in providing care to patients within the practice. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. Constructive challenge from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence. For example, the practice arranged customer care training for the reception team to improve patient experience at reception following the outcome of a number of complaints.

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

# Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings between the staff groups (reception/administration, nursing and GPs) and as a practice, ensuring that part time staff were included which was evident from the minutes of meetings held.
- 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. We saw a staff suggestion box available in the staff room.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was an established staff working group which met to discuss the needs of the various staff groups. The practice had a strong focus on training and encouraged the development and progression of all staff.
- The practice told us there was positive feedback from trainee GPs and medical students who had trained at the practice that the partners provided an excellent level of mentorship for their trainees. This was demonstrated by the fact that some of the GP workforce had previously been trainees at the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through their PPG and through surveys, compliments and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice responded to concerns regarding the possible increase in patient list size due to a practice closure in the area by employing an additional GP partner. They were plans to

take on more trainee GPs and an extension of the building was under consideration. The PPG told us they were pleased with the involvement of GPs at their meetings.

- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Exit interviews were held when staff members were leaving the practice and an 'open door' management system allowed staff to approach the GPs and manager at any time for support. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run. For example, the nursing staff suggested the use of templates for the reception staff when entering patient appointments to see the nurses. This was adopted by the reception team and ensured that the correct time slots were given for nurse appointments.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. There was evidence of effective use of the annual appraisal system with development goals supported by the practice and the managers. The practice supported one of the nurses in undertaking a practice nursing university course to support her nursing skills. The practice encouraged resilience and progression within the team by ensuring that each role could be carried out by another member of staff so that there was adequate cover for absences and the staff gained a good mix of experience and skills.
- The practice demonstrated innovative management of their clinical audits by developing a database for all audits with data collections tracked. This enabled them to reflect on learning achieved and assess areas for further auditing to support the learning and development of their trainees.
- The practice worked closely with a GP alliance set up as a federation to support struggling practices within their locality. This involved shared learning and development of skills for staff through sharing services such as phlebotomy, treatment room and ear syringing.