

Rivergreen 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

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Rivergreen Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rivergreen Medical Centre on 28 September 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 within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- GPs worked collaboratively with neighbouring practices in the area in forming a research hub and sharing a clinical pharmacist resource.
- The practice demonstrated a caring approach by holding a joint carers event with neighbouring practices to support the health and wellbeing of patients identified as carers in their community.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- 100% of patients stated they had confidence in the last GP they saw or spoke to.
- The practice was awarded the 'You're Welcome' status for meeting the criteria for young people friendly health services.

Summary of findings

- 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 and learning from complaints was shared with staff and stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The partners held an annual business review meeting where all staff were involved, with a half yearly review.

We saw an outstanding feature:

- The practice was forward thinking in anticipating future models of care by taking the lead on local projects regarding new models of care and developing unique roles in the practice. They had employed a GP Support Officer to provide administration support and enable GPs to allocate more time to appointments.

However, there was an area where the provider should consider improvements:

- Review the system for monitoring emergency medicines kept in doctor's bags to ensure the GPs carry in date medicines when they undertake home visits.

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.

- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The most recently published results showed the practice had achieved 94% of the total number of points available. This was 0.7% above the clinical commissioning group (CCG) average and 1.5% below the national average.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than others locally and nationally. For example, 92% of patients said the nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were generally available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises. Patients were encouraged to self-refer to services such as podiatry and physiotherapy services. Other clinics held in the practice included smoking cessation and pain management.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular partnership/business meetings to ensure oversight and governance was effective within the practice.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. There was engagement with the patient participation group which looked at ways to improve patient experience.
- There was evidence of continuous improvement through shared learning from the collaboration with neighbouring practices.

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 had a significantly high elderly population with approximately 18% aged over 65 years, compared to the CCG average of 11%. They offered proactive, personalised care to meet the needs of the older people in their population. Regular multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice was responsive to the needs of older people, and offered GP and nurse home visits and urgent appointments for those with enhanced needs.
- Data from 2015/16 showed 72% of eligible patients aged over 65 years were given flu vaccinations. Pneumonia and shingles vaccinations were offered to eligible patients.
- All patients aged over 75 years old had a named GP for continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for chronic obstructive pulmonary disease related indicators was 97% which was 2% above the CCG average and 1% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice. The practice worked closely with the community trust employed care coordinator.

Good



Summary of findings

- Patients identified as having pre-diabetes were offered structured education courses as part of a diabetes prevention programme to improve outcomes for the patients.
- Telehealth services were offered, allowing patients to monitor their blood pressure readings at home and feedback their results to a clinician at their review appointments.

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were relatively high for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- Relevant patients had access to a mother and baby group held locally on Thursday afternoons to help new mothers to exercise and socialise at the same time.
- The practice offered a range of contraception services including implants, with referrals to other providers offered for coil fittings.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was awarded the 'You're Welcome' status for meeting the criteria for young people friendly health services.
- The practice regularly engaged local students for work experience placements. There was a member of staff who joined the practice permanently after training with them as an apprentice.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Good



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).

Good



Summary of findings

- 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.
- Appointments could be made and cancelled online as well as management of repeat prescriptions. Patients were able to access their medical records and make administration enquiries online. Practice supplied data showed an average of 120 appointments per month were booked online.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Uptake rates for screening were similar or better than the national average. For example, the uptake rate for cervical cancer screening in 2014/15 was 80%, which was in line with the CCG average of 77% and above the national average of 76%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a 'special patient list' held at reception for patients who were considered frail or unwell but not on the vulnerable patients register. Staff ensured they were offered appointments if they felt they needed to be seen by a clinician.
- There were 13 patients identified on the learning disabilities register in 2015/16, and 12 had attended a face to face review appointment.
- There were longer appointments for patients with a learning disability and for those who required it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss patients on their palliative care register. There were 26 patients on the palliative care register.
- 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. In addition, all staff had undertaken training in domestic violence.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Data from 2015/16 showed the number of people with a complex mental health condition that had received a comprehensive care plan in the preceding 12 months was 86%, compared to the CCG average of 87% and the national average of 89%. This was with an exception rate of 14%, which was 3% above the local average and in line with the national average of 12%.
- The practice kept a record of all patients who had not attended an annual review and recorded the reasons why they did not attend or had not been invited.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 73% which was 13% below the local average and 11% below the national average. This was achieved with an exception reporting rate of 4% in line with local and national rates.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- GPs told us they developed an integrated template for mental health reviews which incorporated physical checks, as part of a pilot scheme, to provide a holistic approach to patient care.
- The practice had 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.

Good



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 280 survey forms were distributed and 121 were returned. This represented a response rate of 43% (1.4% of the practice list size).

Results showed:

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% 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 the CCG average of 84% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to CCG average of 85% and the 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 77% and the 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 41 completed comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations.

We spoke with five patients including a member of the patient participation group during the inspection. Patients we spoke with were satisfied with the care they received and thought staff were friendly, committed and caring.

The results of the practice Friends and Family Test (FFT) in 2016 were very positive with 96% of respondents saying they would recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

Review the system for monitoring emergency medicines kept in doctor's bags to ensure the GPs carry in date medicines when they undertake home visits.

Outstanding practice

The practice was forward thinking in anticipating future models of care by taking the lead on local projects

regarding new models of care and developing unique roles in the practice. They had employed a GP Support Officer to provide administration support and enable GPs to allocate more time to appointments.

Rivergreen Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rivergreen Medical Centre

Rivergreen Medical Centre provides primary medical services to approximately 8700 patients through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice was formed over 50 years ago and it is located in purpose built premises in the Clifton area of Nottingham, a large post war housing estate about four miles from the city centre. All facilities are on the ground floor including consulting and treatment rooms.

The level of deprivation within the practice population is above the national average with the practice falling into the second most deprived decile. The level of deprivation affecting older people is above the national average. The practice has higher than average numbers of patients over 65 years old. Numbers of young people is in line with local and national averages.

The clinical team includes four GP partners, a salaried GP (two female, three male), four practice nurses, and a healthcare assistant. The clinical team is supported by a practice business manager (managing partner), an assistant practice manager, reception and administrative staff. At the time of the inspection a pharmacist had just joined the practice team. The practice is a teaching practice for first year medical students.

The surgery is open from 8am to 6.30pm on Monday to Friday. There are morning and afternoon consulting clinics, with appointments starting at 8.20am up to 5.50pm each day.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (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

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 28 September 2016. During our visit we:

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

Detailed findings

- 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 systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the business manager or the assistant practice manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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 taken to prevent the same thing happening again.
- There was evidence obtained through patient searches of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. A log was kept of medicines alerts they had received and acted on.

Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead member of staff for child and adult safeguarding and staff were aware of who this was. There was evidence of regular liaison through meetings every three months with the practice manager, safeguarding administrative officer and community based staff including midwives, health visitors and school nurses to discuss children at risk.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- Patients were advised through notices in the practice and information in the practice booklet that they could request a chaperone if required. All staff who acted as chaperones had been provided with training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- There were arrangements for managing medicines, including emergency 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. Controlled drugs were appropriately secured and managed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The health care assistant and nurses were trained to administer vaccines and medicines against patient specific prescriptions or directions from a prescriber.
- We reviewed two personnel files for clinical and non-clinical staff and found appropriate recruitment

Are services safe?

checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella. We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.
- Arrangements were in place to plan and monitor staffing levels and the 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. There were effective arrangements in place to ensure there was adequate GP and nursing cover. The practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. Emergency medicines held in the practice checked on the day of the inspection were in date. However, we found one expired medicine in two doctors' bags which was removed and replaced with in date medicine.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off the practice site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed at weekly clinical meetings and through educational sessions.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks 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 recently published results showed the practice had achieved 94% of the total number of points available. This was in line with the clinical commissioning group (CCG) average of 93% and the national average of 95%. The overall exception reporting rate was 6%, compared to the CCG average of 9% and the national average of 10%. 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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 78%, compared to the CCG average of 82% and the national average of 90%. The proportion of patients with diabetes who had a foot examination in the preceding

12 months was 81%, compared to the CCG average of 87% and the national average of 88%. The exception reporting rate was 3.4%, below the CCG average of 6% and national average of 8%.

- Performance for indicators related to hypertension was 100%, compared to the CCG average of 96% and the national average of 97%. The exception reporting rate for hypertension related indicators was 1.3%, lower than the CCG and national averages of 4%.
- Performance for mental health related indicators was 94%, compared to the CCG average of 91% and the national average of 93%. The proportion of patients with complex mental health problems who had a record of blood pressure in the preceding 12 months was 84%, compared to the CCG average of 88% and national average of 89%. The exception reporting rate was 12%, slightly above the CCG and national average of 9%.

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls, messages on prescriptions and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been 10 audits undertaken in the last 12 months as part of a programme of audits routinely undertaken in the practice. These covered areas relevant to the practice's needs and areas for development. However, the practice acknowledged they needed to carry out more audit cycles to monitor improvements.
- We reviewed several clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients with peripheral arterial disease (a condition in which a build-up of fatty deposits in the arteries restricts blood supply to leg muscles) to ensure they were prescribed a medicine called clopidogrel to reduce the risk of getting blood clots. The first audit identified 63% of patients with the condition were given the medicine. A repeat of the audit showed improvements with 90% of patients having been prescribed the medicine in line with national guidance.

Are services effective?

(for example, treatment is effective)

- Regular medicines audits were undertaken when updates were received through alerts or changes in guidance. The practice liaised with CCG medicines management colleagues regularly to review their prescribing.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles. For example, two of the prescription clerks had obtained dispensing qualifications to support her role.
- 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 nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care was available to 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 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.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals held on a monthly basis. In addition, there were quarterly palliative care meetings held to discuss patients coming to the end of their life, with an emphasis on identifying patients without a cancer diagnosis (40% of the palliative care register).

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 their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Practice supplied data showed there were 97 patients who were prescribed smoking cessation therapy between September 2015 and August 2016; of these 47% had stopped smoking.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 77% and above the national average of 76%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were comparable to

local and national averages. For example, the practice uptake rate for breast cancer screening within six months of invitation was 77% compared with the CCG average of 76% and the national average of 73%.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given to under two year olds averaged 91% against a local average of 83%. For five years olds the practice rates averaged 97% against a local average of 92%. The practice was rated highest in the CCG for a number of one and two year old immunisations.

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 and over 75 years old. 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 during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff told us they regularly assisted patients by delivering prescriptions to local pharmacies and urgent letters to patients' homes in their own personal time.

We received 41 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were caring, compassionate and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect.

We spoke with five patients including a member of the patient participation group (PPG). They told us they were generally happy with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% 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%.

The practice was above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 89% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.
- 92% 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%.

Satisfaction scores for interactions with reception staff were above local and national averages:

- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients.

Results from the national GP patient survey showed the majority of 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:

Are services caring?

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population mostly spoke English, the practice used translation services to ensure effective communication with other patients when required.

Patient and carer support to cope emotionally with care and treatment

There was a dedicated carers corner with patient information leaflets and notices in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 156 patients as carers which was equivalent to 1.8% of the practice list. The practice organised a carers event in 2015 for all three practices in the Clifton area, inviting existing carers on the register of all three practices. A nurse provided 'mini' health checks and there were various carer support agencies offering advice. Staff observed new carers making themselves known at the event.

Patients who were socially isolated were referred to a social prescribing pilot scheme where they were encouraged to interact and participate in social events, for example football clubs and coffee mornings.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate, and also sent a sympathy card. Information about support available to patients who had experienced bereavement was provided where required.

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 had recently revamped their premises to create an additional consultation room. There were plans to carry out further extensions subject to funding from NHS England.

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

- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- There were longer appointments available for patients with a learning disability and those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Nurses offered minor illness clinics in addition to urgent GP appointments.
- Appointments could be booked online and prescriptions reordered. Patients were encouraged to use the online appointments system for their convenience.
- The healthcare assistant provided clinics for patients who required anti-coagulation monitoring every morning.
- The practice website had a form which patients could complete with comments, suggestions as well as general enquiries regarding administration.
- The practice produced a half yearly newsletter to ensure health promotion, changes to the team and to clinics was effectively communicated to patients in addition to the website.
- Smoking cessation clinics and pain management services were offered weekly from the practice premises.

- Text messages were used to send reminders for general appointments, flu clinics and for promoting smoking cessation services.
- Patients could access services offered jointly with the other two practices in the area such as ECGs, ear irrigation and stomach ulcer testing.
- There were themed display boards in the waiting room providing information to patients in easy to read formats.

Access to the service

The surgery was open from 8am to 6.30pm Monday to Friday. Consulting times started from 8.20am with the latest appointment offered at 5.50pm. Appointments were pre-bookable up to two weeks for GPs and 75% of appointments were made available on the day. Telephone appointments were offered from Tuesday to Friday and pre-bookable up to 14 days in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was broadly in line with local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 78% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 58% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 61% and the national average of 65%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were usually able to get appointments when they required them and that urgent appointments were available if needed. Patients were encouraged to book or cancel their appointments online. Practice supplied data showed there was a steady increase in the use of online appointment bookings from an average of 53 per month in 2009 to 120 per month in 2016. The practice had over 25% of their patients registered to use

Are services responsive to people's needs?

(for example, to feedback?)

their online services, one of the highest within the Nottingham City CCG. The practice observed a low rate of patients who did not attend their appointments which averaged at 5%.

The practice was given a five star rating by Healthwatch for same day urgent and routine appointments following a mystery shopper exercise. The practice attributed this to the relationship the staff had with patients and that they would always accommodate a patient, at the very least with a telephone consultation, to ensure care was provided by an appropriate clinician or provider.

There were effective arrangements in place to monitor patient access to appointments. Audits and reviews of the appointments systems had been undertaken over a number of years which had enabled the practice to ensure they could accurately plan staffing and appointment availability to meet demand. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures.

Listening and learning from concerns and complaints

The practice systems in place to handle 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 including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged four complaints in the last 12 months including verbal complaints. We reviewed a range of complaints, and found they were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants where this was required to resolve complaints and welcomed the support of independent advocates at these meetings.

Meetings were held regularly during which complaints were reviewed and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care. All staff were informed of outcomes.

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 provide patients with high quality patient care in a friendly environment.
- The practice aims were to maintain a family ethos in delivering healthcare whilst adapting to changes in leadership and workforce. The mission statement was displayed in the waiting room.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care. The partners held an annual business review meeting with all staff with a half yearly review.

The practice had a two year business plan which had been devised in collaboration with all staff at annual business planning meetings. This included the extension of the practice to ensure it had the capacity to meet future demand as well as increase the range of care provided by the clinical team. Succession planning had also been considered with the pending staff retirements and changes to work patterns.

Governance arrangements

The practice had an overarching 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. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and IT.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- Business and clinical review meetings were held within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. We saw examples of staff who had been supported to develop and progress to other roles.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered. The practice won a Management in Practice National Award in 2009.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Are services well-led?

Good 

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

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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 the patient participation group (PPG) and through a suggestion box, surveys and compliments, concerns and complaints received.
- The PPG met twice a year and had a core membership of approximately 12 people. Meetings were attended by a GP and practice manager with administration support provided by the practice. Information about how to join the group was available in the waiting room and the practice website. The PPG undertook patient surveys and submitted proposals for improvements to the practice management team. For example the PPG had suggested changes to appointments booking and informing patients when GPs were running late.
- The PPG and practice were positive about their working relationship and felt able to challenge the practice constructively on improving performance. There were plans to work collaboratively with PPGs from other local practices by holding joint events.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous Improvement

There was a focus on continuous learning and improvement within the practice and the wider local health community.

- The practice led a local event which saw the formation of the Clifton Collaboration group of practices formed by the three local practices. The practices formed a research network and shared learning through peer reviews, and discussing cost effective ways of working in preparation for new models of care in primary care. For example, the practice carried out a mental health clinical peer review to share learning on significant events relating to patients who have self-harmed. The outcome of the review was identification of common problems, and sharing best practice on how to overcome challenges in supporting patients who are at high risk of having experienced self-harm.
- The practice was forward thinking in anticipating future models of care. They developed the role of a GP Support Officer to provide administration support to the GPs which is not covered in the medical secretary role. The GP support officer was responsible for coordinating clinical multi-disciplinary meetings and following up referrals and medical reports. The support officer was the practice contact for vulnerable patients and worked proactively with GPs and community staff to support this cohort of patients. GPs at the practice told us the role freed up time spent doing administrative work, enabling more time to be allocated to consultations. In addition, the practice was a GP mobile working pilot site to trial the use of IT equipment away from the practice, for example, on home visits.
- GPs worked with other practices in their care delivery group to obtain a clinical pharmacist through an NHS England funded scheme. The pharmacist's role was shared with a neighbouring practice and partners told us they were keen to utilise the opportunity to share best practice across the practices in the area.
- The practice was a member of a local GP Provider Alliance formed earlier in the year. GPs had various roles in the wider health community providing them with platforms for learning and influencing their local health community. For example, there was a CCG lead for long term conditions, a GP appraiser and a trainer for medical students.