

Dr Linda Kandola

Quality Report

Gamston District Centre
Gamston, Nottingham
NG2 6PS

Tel: 0115 9455946

Website: www.gamstonmedicalcentre.co.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Linda Kandola also known as The Gamston Medical Centre on 15 March 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. Learning outcomes were shared with staff.
- Risks to patients were assessed and well managed. Health and safety precautions had been taken which included checking that equipment was fully working and safe to use and infection prevention control measures were in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit drove quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patient feedback which included the National GP Patient Survey rated the care provided highly.
- Information about services and how to complain was available and easy to understand. All staff we spoke with knew the procedure in place for addressing patient complaints.
- Patients said they found it easy to make an appointment, although not always with a named GP. The practice was seeking to recruit an additional salaried GP to respond to patient demand. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

Summary of findings

- Ensure that evidence of staff identification is obtained and held on personnel files during recruitment.
- Review their process and recording procedure for exception reporting, in particular areas of QOF achievement, such as mental health and heart failure indicators.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective and robust system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Detailed records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. 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. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and generally well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition. The practice should however ensure it obtains evidence of staff identification during any recruitment process.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable with the national average. The practice had achieved 96% of available QOF points in 2014/15. The practice's overall exception rate reporting was 5.8% which was below the CCG average of 8.3% and national average of 9.2%.
- Exception rate reporting was however significantly above CCG and national averages in relation to some areas of practice. The practice exception rate reporting was 10.3% above CCG average and 11.6% above national average for one mental health indicator and 11.5% above CCG average and 11.4% above national average for one heart failure indicator. The practice told us they had not removed patients from some of their

Summary of findings

registers even if they had a historic diagnosis of a particular medical condition recorded and no current related health problems. The practice told us that they would look into whether these patients should remain on the registers and review their exception rate recording and rationales.

- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute Clinical Excellence (NICE).
- Clinical audits demonstrated quality improvement including improved patient outcomes. For example, an audit in hysterectomy/cytology identified areas of improvement regarding practice read coding.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked regularly with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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 higher than others for several aspects of care. This included 96% of patients who said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%. Data also showed that 92% of patients considered receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- A variety of information for patients about the services available was easy to understand and accessible. This included information for carers of all ages.
- The practice had nominated a carers champion whose role included the sharing of good practice with other local practices within the CCG.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice hosted a hospital service in its premises for all local Rushcliffe residents. This included a community heart failure service (Echo), diabetic retinopathy service and a diabetic hospital specialist nurse clinic.
- Patients said they found it easy to make an appointment, although not always with a GP they preferred. There was continuity of care, with urgent appointments available the same day. This was reflected in feedback from the national GP patient survey. For example:
 - 95% patients said they could easily get through to the surgery by phone which was above CCG average of 81% and national average of 73%.
 - 39% patients said they usually get to see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%. The practice told us they were seeking to recruit a new GP in response to patient feedback. They anticipated this would create more available appointments with patients' preferred GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included disabled facilities, a hearing loop and translation services.
- 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. Staff we spoke with were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Annual review took place to ensure any corrective measures implemented from incidents which occurred had been effective.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had engaged with patients to obtain feedback and organise local events.
- There was a strong focus on continuous learning and improvement at all levels. This was reflected in staff development, audits undertaken and the practice plans for the future.

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. All older patients had a named GP. Frequent visits were made by the practice GPs to their care home patients in and outside of working hours. A care home manager we spoke with praised the practice for their responsiveness and hands on approach.
- Care plans had been implemented for those patients identified as close to the end of life. The practice held regular multidisciplinary meetings where all patients who were vulnerable and requiring intervention were discussed with input from other care teams into their holistic care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data supplied by the practice showed that flu vaccination rates in 2015/16 for the over 65s were 82% (CCG average 78%) Saturday flu clinics were offered to patients to encourage uptake.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management with support from practice GPs.
- Patients at risk of hospital admission were identified as a priority and appropriate action was taken to reduce the likelihood of attendance. The practice had identified 113 people on its register for people who were at risk of hospital admission and all of these patients had a care plan in place.
- National data showed the practice was performing broadly in line with the local CCG average for its achievement within eleven diabetes indicators. The practice achieved 91% of the available QOF points compared with the CCG average of 95%. Achievement was however above the national average of 89%.
- 91% of patients diagnosed with asthma, on the register, had an asthma review in the last twelve months. This was above the CCG average of 79% and national average of 75%.

Good



Summary of findings

- The practice offered near-patient testing for anticoagulation. This meant that immediate test results were available for these patients who were subject to routine monitoring.
- The practice had 615 patients with chronic diseases registered. All these patients were offered a structured annual review to check their health and medicines needs were being met.
- Practice supplied data showed that 510 patients had received these checks although this data had not been verified and published. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

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, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 91% to 99%. This was comparable to CCG averages which ranged from 94% to 99%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and our discussions with staff supported this.
- The practice promoted providing confidential teenage health advice and information was displayed in the practice and on their website for young people to see.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw that effective collaborative working took place between doctors in the practice, midwives and health visitors. This was evidenced through our discussions held with a health visitor during our inspection.

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 practice offered appointments on weekdays up until 6pm which enabled some flexibility for working age patients, students and those recently retired to attend. The practice told us they had also increased telephone consultations to accommodate these patients.
- The practice told us that staff contacted these patients after 6.30pm with test results.
- 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.
- 94% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing above the CCG average of 88% and national average of 82%.

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 were 12 patients on the learning disability register, and 9 of these had received an annual health check in the last twelve months. The practice told us they telephoned these patients to arrange their reviews.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Documentation supported that patients received ongoing care and support from the appropriate health care service(s).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. A number of self help organisation contact details were made available for patients which included domestic violence, rape crisis and the Samaritans.
- 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.

Good



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).

Good



Summary of findings

- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 93% and above the national average of 88%. Exception reporting was 10.3% above CCG average however and 11.6% above national average.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 88% and national average of 84%. Exception reporting was in line with the CCG average and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw a variety of information displayed in the practice, for example, Alzheimer's Society literature.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Unplanned admissions were regularly reviewed by the practice and contact could be made with the local mental health team if required.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 246 survey forms were distributed and 106 were returned. This represented approximately 2% of the practice's patient list.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 81% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 92%, national average 85%).
- 96% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 91% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 45 comment cards which were all positive about the standard of care received. A number of comments included that staff provided an excellent service, were friendly and approachable and convenient appointments were readily available. Comments also included that a first class service was provided and some of the clinical staff were considered as the best those patients had come across.

We spoke with four patients during the inspection. These patients said they were happy with the care they received and thought staff were approachable, committed and caring. Two patients told us they had moved to the practice based on a recommendation and were very satisfied with the services provided. We reviewed data the practice had collated from the NHS Friends and Family test. In February 2016, 17 responses had been received. Of these, 12 patients stated that they would be extremely likely or likely to recommend the practice, three did not provide opinion and two were unlikely to recommend the practice. Of those who stated they were unlikely to recommend the practice, comments included that there were not enough permanent doctors.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that evidence of staff identification is obtained and held on personnel files during recruitment.
- Review their process and recording procedure for exception reporting, in particular areas of QOF achievement, such as mental health and heart failure indicators.

Dr Linda Kandola

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Linda Kandola

The Gamston Medical Centre is located in Gamston which is a suburb of West Bridgford in the Rushcliffe district of Nottinghamshire. It is approximately 3 miles from Nottingham. There is direct access to the practice by public transport and parking is also available on site.

The practice currently has a list size of approximately 5316 patients.

The practice holds a Personal Medical Services (PMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Rushcliffe CCG.

The practice is situated in an area with very low levels of deprivation. It has a higher than national average adult population who are of working age as well as children up to the age of around 14. A higher number of those of working age registered at the practice are employed compared with the local CCG average.

The practice is managed by one GP (female) who works on a full time basis. The practice also has a salaried GP (female) who works part time. (0.68 Whole Time Equivalent, WTE) Three long term locum doctors work at the practice (one male, two female) on a part time basis. 0.23 WTE, 0.11

WTE, 0.45 WTE). They are supported by clinical staff; two female part time practice nurses, two female part time healthcare assistants. The practice also employs a practice manager, practice manager assistant, and a team of reception, clerical and administrative staff.

The practice is a training practice for trainee GPs and is involved in the teaching of medical students from a local medical school. Two of the trainee doctors work in the practice on an annual basis.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays 8.30am to 12pm and 3.30pm to 6pm, Tuesdays 9am to 12pm and 3.30pm to 6pm, Wednesdays 9am to 12pm and 4pm to 6pm, Thursdays 9am to 12pm and 4pm to 6pm and Fridays 9am to 12pm and 3.30pm to 6pm. The practice is closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Nottingham Emergency Medical Services. When the practice is closed, there is a recorded message giving out of hours details.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

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 15 March 2016. During our visit we:

- Spoke with a range of staff (GPs, locum doctor, nurses, practice manager, practice assistant, clerical and administrative staff) and met with a health visitor who worked with the practice. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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

There was 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 was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw detailed records of a significant event which involved a fridge failure. A number of medicines were stored in the fridge and advice was sought from each manufacturer to determine whether the medicines should be destroyed. Other agencies were also consulted to seek further opinion concerning the implications of the event. Learning outcomes were noted amongst practice staff and action taken to prevent the incident occurring again. This included the relocation of the electricity switch to an area where it was less likely to be touched accidentally.

When there were unintended or unexpected safety incidents, patients received reasonable support, information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We were provided with details of an incident concerning a prescription error. As a result, additional processes were deployed to ensure the risk of the incident recurring was minimised. Control measures were also intended to reduce any adverse effects on patients.

Overview of safety systems and processes

The practice 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 that reflected relevant legislation and local requirements and 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. The practice also referred any concerns to a multi agency safeguarding hub. The principal GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Our discussions with a health visitor who worked with the practice supported an effective collaboration was in place. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding children concerns.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead 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. We noted an audit undertaken in May 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, the audit identified inappropriate use of a sharps box to dispose of a non sharps material. Staff were notified of the correct procedure for disposal and labelled bowls were also placed on top of the sharps boxes for the non sharp material.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- We reviewed a sample of patient records where high risk medicines had been prescribed. The records indicated that the practice had adopted suitable recall measures to monitor these medicines.
- We also reviewed a practice audit undertaken of patients who had been prescribed a particular medicine which had been reclassified as a controlled drug to

Are services safe?

ensure the medicine was not repeatedly prescribed. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files including two locum files and found most appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that two files however did not contain evidence of proof of identity.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training in their induction programme. 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. This was last tested in May 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A risk assessment had taken place in January 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The same locum doctors were utilised regularly to ensure enough clinical cover was in place. The practice had also recently recruited three additional administrative staff.

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. A first aid kit and accident book 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.
- The practice had an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff we spoke with were aware of procedures in place such as the use of another local practice and a practice mobile telephone which would divert incoming telephone calls.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, data received from the CCG, audits and random sample 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 recent published results were 96% of the total number of points available, with 5.8% exception reporting. (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). Data from 2014/15 showed;

- Performance for diabetes related indicators was 91% which was comparable to the CCG average of 95% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 91% which was comparable to the CCG average of 87% and national average of 84%. Exception reporting was 0.9% below CCG average and 1.4% below national average.
- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 93% and above the national average of 88%. Exception reporting was 10.3% above CCG average and 11.6% above national average.

- 90% of patients recorded in the heart failure indicators had a confirmed diagnosis of heart failure. This was comparable to the CCG average of 94% and national average of 95%. Exception reporting was however 11.5% above CCG average and 11.4% above national average.

We also found similar high exception reporting in relation to two other mental health indicators and two other heart failure indicators. We discussed our findings with the practice management and other clinical staff. We were told that they had retained patients on the mental health register who had a history of severe mental health problems even though they were not currently under the care of a mental health team or receiving any medicine. A sample of the anonymised records we reviewed showed that some patients had not experienced mental health problems for twenty years or more. We were also informed that some patients who had a diagnosis of heart failure had been exception reported because a diagnosis had been made before 2006. The practice told us that they had been reviewing all patients on the heart failure register to ensure its accuracy and we found evidence in the sample we reviewed which supported this.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits undertaken in the last two years. These included an audit of patients diagnosed with diabetes who were not prescribed a statin and a controlled drug prescribing audit. We reviewed a completed audit in 2015 relating to hysterectomy/cytology. The audit sought to identify if any female patients had been incorrectly removed from the cervical screening programme. The resulting outcomes from the audit demonstrated incorrect read coding on computer records which became subject to a staff learning point; but assurance was received regarding the issues which related to patient care.
- The practice undertook minor surgery and had annually audited the effectiveness of the procedures undertaken. Documentation we reviewed supported that all surgical procedures had been successful without any recorded patient side effects or complications.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had also developed a separate information document for locum doctors.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, clinicians reviewing patients with long-term conditions. One of the practice nurses was due to update their training in chronic obstructive pulmonary disease (COPD) in April 2016 and advised us that she regularly attended protected learning time events led by the CCG. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. A training matrix had been used by practice management to monitor staff compliance with training requirements.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were provided with an example where the practice had identified a gap in provision in relation to community nursing care for patients who had been discharged from private hospitals. The practice adopted a procedure whereby all its patients who had received treatment at a private hospital were invited to attend an appointment at the practice following their discharge to identify any additional needs required.

We spoke with one of the care homes where practice patients were in residential care. Feedback was extremely positive regarding the effectiveness of the practice doctors in providing care, liaising with home care staff and the frequency of visits made to see residential patients.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice reviewed local data to identify patients who had attended hospital and analysed whether such admissions were appropriate and how they could be avoided. The most recent meeting had taken place in February 2016.

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. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- 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.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits, an example being a minor surgery audit. We reviewed anonymised patient records which showed that consent was recorded when appropriate.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring health advice for diet and alcohol cessation. The practice promoted the Juggle diabetes service, an educational programme for patients who had type 2 diabetes. The practice website also provided a variety of contact details for self help organisations such as teenage health, drug misuse, Miscarriage Association and the Samaritans.
- Smoking cessation advice was available from a local support group, (New Leaf). Data provided by the practice showed that 90% of patients who were recorded as smokers had received advice or a referral for smoking cessation.

The practice's uptake for the cervical screening programme was 94%, which was above the CCG average of 88% and above the national average of 82%. There was a policy to offer two telephone reminders for patients who did not attend for their cervical screening test. The practice then issued a recorded delivery letter and placed a note on a patient's file if they did not make contact. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 68% which was the same as the CCG average. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 80% which was similar to the CCG average of 81%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% within the practice. The CCG rates varied from 95% to 98%. Five year old vaccinations ranged from 91% to 99% within the practice. The CCG rates ranged from 94% to 99%.

Data supplied by the practice showed that flu vaccination rates in 2015/16 for the over 65s were 82% (CCG average 78%) and at risk groups 53%. (CCG average 47%)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. In December 2015, the practice had issued 205 invitations and undertaken 173 healthchecks. This represented 84% of take up rate. 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 area to discuss their needs. We noted a recent example where a member of reception staff showed dignity and respect to a patient in distress.

All of the 45 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. A number of the comment cards made reference to the reception staff politeness and willingness to help.

We spoke with two members of the patient participation group. They also told us they were highly 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. One patient stated that the doctors and nurses had gone out of their way to provide ongoing support to them.

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

- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 88%, national average 87%).

- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

We also reviewed feedback left on NHS Choices. Five comments were left by members of the public during 2015; four of these were positive and one mixed. All comments made reference to the helpfulness and professionalism of the staff at the practice. One comment did however include that the patient felt rushed during their appointment.

Care planning and involvement in decisions about care and treatment

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

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:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We were informed that this service was not often required, but were given an example of when it had been utilised for a patient who did not speak English.

Patient and carer support to cope emotionally with care and treatment

We found a variety of information in the patient waiting room which told patients how to access a number of support groups and organisations. This included carers support information and contact details specifically for young carers. A resource pack was also made available for any patients identified as carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice

list as carers. The practice had nominated a member of staff as a carers champion. We spoke to this member of staff who told us that the role included the sharing of good practice with other local practices within the CCG. We were informed that a representative from the Carers Federation, an organisation which provided support services to carers, attended the practice on a fortnightly basis. The practice staff informed any newly identified carers when these visits were due to take place so they had an opportunity to meet with a representative to identify and discuss their needs.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This was followed up by a patient consultation at a flexible time to meet the family's needs and by giving them advice on how to find a support service.

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 offered appointments on weekdays up until 6pm which enabled some flexibility for working age patients to attend. Telephone consultations were also available on request.
- There were longer appointments available for patients with a learning disability and those who had mental health problems.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were always available for children and those with serious medical conditions.
- Maternity and family planning services were available.
- A confidential teenage advice service was promoted within the practice. This included advising young people of the C-Card scheme, a free condom and sexual health advice service for young people.
- The practice offered in house ECG (electrocardiogram), spirometry and phlebotomy services.
- The practice hosted a hospital based service to all Rushcliffe residents from its premises. This included a community heart failure service (ECHO), diabetic retinopathy service and a diabetic hospital specialist nurse clinic.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open on Mondays to Fridays from 8am to 6.30pm. Appointments were available Mondays 8.30am to 12pm and 3.30pm to 6pm, Tuesdays 9am to 12pm and 3.30pm to 6pm, Wednesdays 9am to 12pm and 4pm to 6pm, Thursdays 9am to 12pm and 4pm to 6pm and Fridays 9am to 12pm and 3.30pm to 6pm. The practice was closed during weekends.

The practice released two thirds of its available appointments for same day appointments, a third for booking up to two weeks in advance and a more limited number for pre-bookable appointments four weeks in advance.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 81%, national average 73%).
- 39% patients said they usually get to see or speak to the GP they prefer (CCG average 61%, national average 59%).

The practice management told us they were seeking to recruit another GP in response to feedback as they recognised that patient demand was high to see a named GP.

All patients told us on the day of the inspection that they were able to get appointments when they needed them. These patients told us about the ease of obtaining an appointment.

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. A complaints pack was given to patients which included information on how to report concerns to the practice as well as to external organisations. We saw information displayed in the practice and on their website.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were

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

learnt from concerns and complaints, and action was taken as a result to improve the quality of care. For example, a complaint regarding whether a patient should have been redirected to Accident and Emergency (A & E) led to staff reflection regarding the decision made and subsequent communication with the complainant to explain reasons

for the decision. Another complaint we reviewed related to age groups vaccinated in a childrens influenza (flu) clinic. This resulted in shared learning amongst staff and national guidance placed on noticeboards to assist staff in the vaccinations process.

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 objectives included providing a comprehensive range of quality primary care services in a patient centred practice and developing future services for patients in the locality. The practice's statement of purpose was available to read on their website. Staff we spoke with knew and understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice locality was within an area where new housing development had been proposed. The practice was seeking to respond to the needs of their local population. For example, recruitment of a new salaried GP and additional upskill training for nurses and healthcare assistants.

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. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in the practices review of patients at risk of hospital admission and assessment of its performance against QOF data and CCG statistical information.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. We were provided with audit data which focussed on patient safety and identified improved patient outcomes.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The principal GP in the practice had the experience and capability required to run the practice and ensure high quality care. Safe, high quality and compassionate care was prioritised. The principal GP and practice management were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The principal GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. For example, a significant event involving a patient referral to a service where it was unknown that the provider had changed resulted in the patient not receiving treatment required. As a result, the practice implemented procedural changes which included the practice directly booking referrals and follow up action to ensure the patient received an appointment. The practice also advised the CCG of the event so they could ensure precautionary measures were also implemented.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology when appropriate.
- They kept written records of verbal interactions as well as written correspondence which was reviewed annually to ensure corrective measures implemented had been effective.

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

- Staff told us the practice held regular team meetings. We reviewed documented minutes which included practice nurse meetings and practice management meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice management. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. This was demonstrated in the nomination of a member of staff to act as the carers champion.

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 surveys and complaints received. There was an

active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had installed an automated door, bike rack and a book stall in the practice as a result of PPG requests. The PPG had also organised a number of social meetings for patients who were lonely. They told us that patients of various ages had attended some of these events.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.