

# Balderton Primary Care 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?	Requires improvement	
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 Balderton Primary Care Centre on 14 June 2017.

Overall the practice is rated as good.

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

- We inspected the practice after a year of being managed by a new provider (Primary Integrated Community Services Ltd) and a number of improvements had been made to the delivery of services.
- There was an open and transparent approach to safety and a system in place for managing significant events. All significant events were discussed at the provider's clinical governance meetings and learning was disseminated across all locations to promote wider learning and improvement to patient care.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. This included awareness and implementation of current evidence based guidance.
- Clinical audits were regularly undertaken and improvements were made to patient outcomes and the quality of care.
- Patients were very positive about their interactions with staff and said they were treated with compassion, dignity and respect. The majority of patients also felt involved in their care and decisions about their treatment.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care for patients with complex health needs and / or living in vulnerable circumstances.
- In response to patient feedback, the practice continually sought to improve access to the service. This included availability of urgent appointments and continuity of care.

# Summary of findings

- The majority of patients said they could get appointments when they needed one. However, the 2017 national GP survey results showed satisfaction scores related to accessing the service and appointments were below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.

- There was a clear leadership structure and effective governance arrangements were in place. Staff felt supported by management and involved in the running of the practice.
- The practice had an active patient participation group and worked with them to review and improve services for patients.

The areas where the provider should make improvement are:

- Continue to review and improve the skill mix of staff to ensure continuity of care for patients.
- Continue to review and improve access to appointments .
- Continue to monitor and act upon patient experience data to drive service improvement . This includes satisfaction scores for consultation with GPs and attendances for accident and emergency.

**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.

- Staff were encouraged to report significant events within a supportive environment. Significant events were regularly reviewed and analysed to ensure themes or trends were identified. Learning was shared within the practice and across all locations owned by the provider to promote wider learning and improvement to patient care.
- Effective arrangements were in place to monitor patient safety alerts and improvements had been made to the management of medicines.
- Systems were in place to safeguard children and vulnerable adults including multi-disciplinary working with other health and social care professionals.
- Staffing levels and skill mix were regularly reviewed and improvements had been over the last 12 months. Efforts to improve continuity of care (specifically GPs) had also been made in response to patient feedback.
- Risks to patients were assessed and well managed.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance including National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Published data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national average. This data reflected the practice performance under the management of the previous provider.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- We observed staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from patients showed they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- The national GP patient survey results showed patients rated the practice lower than others for several aspects of care. For example, 72% 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 national average of 86%.
- However, results from a patient survey undertaken by the practice, compliments received and the NHS friends and family test results demonstrated that the majority of patients felt well cared for by GPs, nurses and reception staff. Satisfaction levels had improved over the last 12 months.
- Patients had access to information about the available services and support groups.
- The practice had identified 3.6% of its patients as carers and provided them with information and services such as flu vaccinations.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice had reviewed the needs of the local population and had made improvements to the delivery of services to meet their needs.
- Most patients we spoke with said they were able to access an appointment when they needed.
- However, the 2017 national GP patient survey results showed satisfaction scores were below the local and national averages. For example, 70% of patients said their last appointment was convenient compared to the CCG average of 80% and the national average of 81%. In addition, benchmarking data for accident and emergency services were above CCG averages and this may be linked to the ease of accessing the service.

Requires improvement



# Summary of findings

- The practice offered different services to meet the needs of its patients. This included minor surgery, extended hours appointments, phlebotomy and travel vaccinations.
- Monthly ward rounds were carried out at care homes to ensure all patients were reviewed on a regular basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff, the patient participation group and other stakeholders.

## Are services well-led?

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

- The practice had a strong commitment to delivering high quality care and promoting good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The arrangements for governance were effective and regularly monitored at a practice and strategic level. This ensured a comprehensive understanding of the practice performance was maintained.
- The practice had a wide range of relevant policies and procedures to govern activity and these were regularly reviewed and updated.
- There was a clear leadership structure with senior staff having key areas of responsibility.
- The leadership and management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff, patients and the patient participation group. We saw examples where feedback had been acted on to improve service delivery.
- There was a focus on continuous learning and improvement at all levels with staff being encouraged to undertake training and develop their roles.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Patients aged 75 years and over had a named accountable GP to ensure they received co-ordinated care.
- The health needs and care plans of frail patients and those at risk of hospital admission were regularly reviewed at the monthly multi-disciplinary meetings.
- Records reviewed and patient feedback showed older people were involved in planning and making decisions about their care, including their end of life care.
- Nationally reported data showed patient outcomes for conditions commonly found in older people were in line with local and national averages.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- The practice offered home visits and urgent appointments for patients with enhanced needs. Feedback from one of the care homes showed the practice was responsive to the health needs of patients.

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.
- The practice had a system in place to recall patients for a structured annual review to check their health and medicines needs were being met. Patients with multiple conditions were usually reviewed in one appointment to ensure a holistic view of their care and treatment.
- The GPs worked with a wide range of health and social care professionals to deliver a multi-disciplinary package of care for patients with complex health needs.
- Joint working took place with a diabetic specialist nurse to facilitate the management of complex patients.
- Patients at risk of hospital admission were identified as a priority and systems were in place to follow-up patients discharged from hospital. Care plans were updated to reflect any additional needs.

Good



# Summary of findings

- Published data showed the practice's performance for long-term conditions was above or in line with local and national averages. For example, the practice achieved 98.5% for diabetes related indicators. This was above the local average of 95.5% and the national average of 89.9%.
- Longer appointment times and home visits were provided for patients unable to attend the surgery.

## **Families, children and young people**

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

- Staff we spoke with demonstrated they were committed to safeguarding children and young people.
- The lead GP held regular meetings with the health visitors and school nurses to review patients at risk of abuse and / or deteriorating health.
- The practice had emergency processes for acutely ill children and young people.
- Staff told us children aged five years and under were prioritised and seen on the same day. Appointments were also available outside of school hours.
- Reception staff sent a congratulatory card to parents on the birth of new babies.
- The practice provided eight-week baby checks and postnatal reviews.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had baby changing facilities and offered a designated private area for mothers who wished to breastfeed on site.

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).

- A range of services were offered at the practice to facilitate the delivery of care closer to home. This included phlebotomy, minor surgery and joint injections.
- The practice was proactive in offering online services including appointment booking, requests for repeat prescriptions and access to some patient records.
- Working age people had access to telephone consultations and advice.

Good





# Summary of findings

- A range of health promotion and screening services that were relevant to the needs of this age group were promoted. This included NHS health checks, access to a smoking cessation clinic and family planning.
- The uptake rates for cervical cancer screening, bowel and breast cancer screening were generally in line with local and national averages.
- The practice provided extended hours consultations with the nursing assistant and practice nurse on Tuesdays from 6.30pm to 8pm and on Friday from 7am to 8pm.

## People whose circumstances may make them vulnerable

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

- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. Safeguarding concerns were regularly discussed at the multi-disciplinary meetings.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed patients how to access various support groups and voluntary organisations.
- End of life care was delivered in a coordinated way. Patients with end-of-life care needs were reviewed at regular multi-disciplinary team meetings attended by the lead GP, district nurses and a palliative community nurse specialist for example.
- The practice had identified 3.6% of their patient list as carers and offered support including annual flu vaccinations.
- The practice offered longer appointments for patients with a learning disability. Ten out of 16 patients with a learning disability had received an annual health review in the last 12 months.
- Clinical staff undertook home visits for patients who were housebound.
- Translation services were provided where required.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia. This included advance care planning for patients living with dementia and assessing a patient's mental capacity for specific decisions.
- The practice regularly worked with multi-disciplinary teams in the case management of patients within this population group.
- The physical health needs of patients with poor mental health and dementia were reviewed to ensure a holistic assessment of their needs.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had systems in place for monitoring repeat prescribing for patients receiving medicines for mental health needs and to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Published data showed:

- 91.2% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was above the local average of 86.5% and the national average of 83.8%.
- All patients with a mental health condition had a documented care plan in the last 12 months, which was above the CCG average of 89.4% and the national average of 88.8%.

To note is the above data relates to the practice's performance in 2015/16 prior to changes in the provider. The 2016/17 data was yet to be published at the time of our inspection.

# Summary of findings

## What people who use the service say

We reviewed the national GP patient survey results published in July 2017 after our inspection. A total of 378 survey forms were distributed and 159 were returned. This represented a completion rate of 42% and equated to 6.9% of the of the registered practice population.

The results were mixed with most aspects of care rated below or in line with local and national averages.

- 72% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) and national averages of 85%.
- 72% 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 85% and the national average of 84%.
- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 71%.
- 57% 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 75% and the national average of 77%.

Primary Integrated Community Services took over the management of the practice in May 2016. A new team of

GPs was introduced including use of GP locums and a number of service improvements were also made in the last 12 months. The practice felt this could have had an impact on response rates.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards that were largely positive about the patients' experience. Patients felt practice staff provided a good standard of care. Staff were described as professional, friendly and compassionate. Six of the 13 comment cards included specific examples to demonstrate ways in which clinical staff had delivered effective care and treatment.

We spoke with 11 patients during the inspection including two members of the patient participation group. Most of the patients said service delivery had improved over 12 months and they were satisfied with the care they received. Staff were described as approachable, committed and caring. Less positive comments related to lack of continuity in GPs, waiting times and ease of accessing urgent appointments.

A review of the friends and family test results for the period May 2016 to May 2017 showed a significant improvement in patient satisfaction. For example in June 2016, 23% of respondents would recommend the practice compared to 82% of respondents in May 2017.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to review and improve the skill mix of staff to ensure continuity of care for patients.
- Continue to review and improve access to appointments .
- Continue to monitor and act upon patient experience data to drive service improvement. This includes satisfaction scores for consultation with GPs and attendances for accident and emergency.

# Balderton Primary Care Centre

## 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 and an Expert by Experience.

## Background to Balderton Primary Care Centre

Balderton Primary Care Centre provides primary care medical services to approximately 5500 patients via an alternative provider medical services (APMS) contract commissioned by NHS England, and Newark and Sherwood clinical commissioning group.

The regulated activities take place at Balderton Primary Care Centre, Lowfield lane, Balderton, Newark NG24 3HJ. The practice operates from a purpose built premise shared with other health services. All patient services are provided on the ground floor of the building.

The registered patient population is predominantly of white British background and the patient list size is increasing. The level of deprivation within the practice population is below the national average with the practice population falling into the eighth most deprived decile.

The management of the practice was taken over by Primary Integrated Community Services Ltd (the provider) on 1 May

2016. The provider's organisational structure includes a managing director, a clinical director, a finance and corporate officer, a primary care support co-ordinator and a nurse lead for example.

The clinical team working at the practice includes the lead GP (salaried), an advanced nurse practitioner, two practice nurses, and a nursing assistant (all females). Regular GP locums also provide support pending the future recruitment of GPs and / or specialist clinical staff.

The non-clinical team comprises of a practice manager, an office supervisor, a team of reception and administrative staff, as well as an apprentice.

The practice opens from 8am to 6.30pm Monday to Friday. Consulting times are generally from 8.30am to 12.30am each morning and from 3pm to 6pm each afternoon. Extended hours appointments are offered on Tuesday evenings and on Friday mornings with a nursing assistant and practice nurse.

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

## Why we carried out this inspection

The practice was previously inspected on 25 February 2015 under the management of a different provider. Overall, the practice was rated good.

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

# Detailed findings

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 provider under the Health and Social Care Act 2008 and associated regulations.

## 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 14 June 2017. During our visit:

- We spoke with staff including the CQC Registered Manager (managing director), GPs, the practice nurse, the practice manager, office supervisor, a number of reception and administrative staff and an apprentice.
- We received written feedback from stakeholders including a deputy manager from a local care home, the palliative community specialist nurse, a public health practitioner, a local pharmacy and the director of primary care for the clinical commissioning group.
- We also spoke with eleven patients who used the service including two members of the patient participation group.
- We observed how people were being cared for in the reception area and reviewed the information available to patients and the environment.
- We reviewed 13 comment cards where patients shared their views and experiences of the service.

- We looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had an open and embedded culture for managing patient safety concerns.

- There was an effective system for reporting, recording and analysing significant events.
- Staff told us they were encouraged to raise concerns and report incidents and near misses to their managers within a supportive 'no blame' culture.
- Thirteen significant events had been reported and documented on incident recording forms in the last 12 months. The completed forms were sent to the designated staff leads and the content was added to the significant event register.
- Significant events were investigated and assessed to determine the potential severity of the incident and to inform remedial action required to protect patients and staff.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Opportunities to learn from safety incidents were identified, discussed and learning was shared with the whole practice team. This was reflected in the meeting minutes we reviewed and feedback received from staff.
- Balderton Primary Care Centre is one of three locations registered with the Care Quality Commission under the service provider Primary Integrated Community Services (PICS). All significant events were discussed at the provider's clinical governance meeting and learning was disseminated across all locations to promote wider learning and improvement to patient care.
- Some incidents were also used to strengthen the practice's guidelines and procedures, and to inform staff training and completion of audit topics.
- The practice monitored the trends in significant events, checked the progress in completing agreed actions, and evaluated the remedial actions that had been taken.

Effective arrangements were in place for receiving and acting upon patient safety alerts including those from the

Medicines Health and Regulatory Authority (MHRA). MHRA alerts were initially reviewed by the nurse and GP lead, and then cascaded to all clinicians (where relevant) to promote awareness and to inform discussion at the clinical meetings. Searches of the patient record system were undertaken to identify any patients who might be affected and appropriate action was taken to notify patients and review their medicines.

### Overview of safety systems and processes

The practice had safeguarding arrangements in place, which helped to protect children and vulnerable adults from abuse.

- Policies and procedures reflected local arrangements and relevant legislation.
- There was a designated lead GP for safeguarding children and vulnerable adults, who had received training at the appropriate level in support of their lead role.
- The GP lead facilitated safeguarding meetings every three months with the school nurse and the health visitor; and a monthly review of the safeguarding register was also undertaken to ensure any concerns or actions were acted upon before the meeting.
- Discussions relating to vulnerable adults were facilitated as part of the monthly multi-disciplinary team meeting.
- Written feedback received from a public health practitioner highlighted that safeguarding liaison had improved over time with better communication and positive outcomes being achieved for children, young people and families.
- The practice had completed the Nottinghamshire mini safeguarding assessment framework audit tool and self-assessed itself as being compliant in all areas of the toolkit.
- Staff we spoke with understood their responsibilities to report safeguarding concerns and had access to quick reference sheets displayed on the noticeboards and computers.
- Records reviewed showed staff had received training on safeguarding children and vulnerable adults that was relevant to their role. This included all GPs being trained to child protection or child safeguarding level three.

## Are services safe?

- Additional training completed by staff also included domestic violence awareness and Prevent (safeguarding vulnerable individuals who are at risk of radicalisation).

Notices were displayed in the waiting area and in consultation rooms to advise patients that they could request a chaperone if required. All staff who acted as chaperones were trained 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.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy.
- An external company was contracted to provide a daily cleaning service. We saw evidence of monitoring systems. This included cleaning schedules and regular audits of cleaning standards. The practice manager told us regular liaison took place with the cleaners to ensure any problems were dealt with promptly and effectively.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. An annual IPC audit had been taken and we saw evidence of improvements made and a future action plan.
- There was an IPC protocol and staff had received up to date infection control training including effective hand washing.
- Records reviewed showed clinical staff had received vaccinations to protect them against hepatitis B.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Records reviewed with the lead GP showed significant improvements had been made to medicines management and optimisation following the takeover over of the practice in May 2016. For example, the practice had strengthened the following areas: management of patients prescribed four or more

medicines (reduced polypharmacy); medication reviews for patients with long term conditions and / or discharged from hospital; as well as processes for handling prescriptions for controlled drugs and repeat prescriptions. We saw evidence of improved patient outcomes.

- We also received positive feedback from the local pharmacy regarding joint working arrangements, prescription management and directing patients to the “pharmacy first scheme” (patients with certain minor ailments are encouraged to use the pharmacy for treatment rather than making an appointment at the surgery).
- A prescribing support software tool that was tailored to the patient’s medical record and local guidance was available to support prescribers (GPs) to make the clinically appropriate prescribing decision.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There were processes in place for reviewing high-risk medicines. A register for all patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) was also kept and reviewed every month to ensure blood monitoring was undertaken in line with recommended guidance.
- Blank prescription forms and pads were securely stored and systems were in place to monitor their use within the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The nursing assistant was trained to administer vaccines and patient specific directions from a prescriber were produced appropriately.
- The practice had systems in place to ensure medicines requiring fridgeration were stored at the recommended temperatures.

The practice had effective recruitment procedures in place to ensure patients were supported by staff with the relevant qualifications, skills and experience. We reviewed three personnel files and found appropriate recruitment checks

## Are services safe?

had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures in place for assessing, monitoring and managing risks to patient and staff safety.

- The practice is located in a building that is shared with other health services and the centre manager oversees the day to day management.
- Risk assessments and regular audits related to the premises, security, health and safety were carried out and reviewed at regular management meetings. This also covered areas such as control of substances hazardous to health and legionella. Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.
- The practice had an up to date fire risk assessment and a fire drill had recently been carried out. There were designated fire marshals within the practice.
- Electrical and clinical equipment was tested and / or calibrated annually to ensure it was safe to use and in good working order

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

- Feedback from patients and staff demonstrated that improvements had been made to staffing levels over the last 12 months, specifically GPs.
- Primary Integrated Community Services Ltd took over the management of Balderton primary care centre in May 2016. The leadership acknowledged that staffing (specifically clinical staff) remains an area of improvement and additional clinicians were being recruited at the time of our inspection. The practice used locum GPs and an advanced nurse practitioner to complement the clinical staff employed by the practice.

- Additional reception and administration staff had been employed. The working hours for some staff had also been increased to maintain the smooth running of the practice and an office supervisor had been appointed to manage the reception area.
- The roles and responsibilities of non-clinical staff had been reviewed with changes made to ensure efficient working arrangements and the delivery of a good service.
- The practice used a rota system and a comparative practice index tool to assure itself that appropriate staffing levels and ratios were in place to meet the needs of patients. The most recent staff analysis showed the practice compared better to other practices with a similar patient list size.
- Staff worked flexibly to cover any changes for example annual leave, sickness or seasonal demands in service provision.

### Arrangements to deal with emergencies and major incidents

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

- All staff had access to a panic button that was linked to an audible alarm and / or an instant messaging system on the computers to alert their colleagues to any emergency.
- The practice ensured that all staff had received appropriate training including basic life support, cardio pulmonary resuscitation and anaphylaxis.
- Procedures for dealing with medical emergencies such as a patient experiencing a heart attack were also accessible to staff.
- 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 and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was held offsite.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local prescribing guidance.

- The revised guidance was shared via email and discussed at monthly clinical meetings to ensure staff were kept up to date and amendments were made to practice policies if required.
- The practice monitored that these guidelines were implemented by reviewing patients that may be affected by the change and carried out audits.
- NICE guidance was also discussed at the providers' clinical governance meetings to enable wider discussion with clinicians employed at all of its three locations.

### 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 related to the practice's performance in 2015/16 under the management of the former provider. Primary Integrated Community Services (provider) took over the management of Balderton primary care medical centre in May 2016. The 2016/17 QOF data was yet to be published at the time of our inspection.

The 2015/16 QOF data showed the practice had achieved 99.1% of the total number of points available. This was above the clinical commissioning group (CCG) average of 98.1% and the national average of 95.3%. The practice's overall exception reporting rate was 13.8%, which was above the CCG average of 11.8% and the national average of 9.8%. 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.

- Performance for diabetes related indicators was 98.5%, which was above the CCG average of 95.5% and the

national average of 89.9%. Four out of the 10 clinical indicators had an exception-reporting rate that was below and / or in line with the local and national averages.

- 82.5% of patients with hypertension had regular blood pressure tests in the preceding 12 months compared to the CCG average of 79.8% and the national average of 82.1%. The exception reporting rate was approximately 5.3%, which was marginally above the CCG average of 4.7% and national average of 3.9%.
- Performance for dementia related indicators was 100%, which was above the CCG average of 99.5% and the national average of 96.6%.
- 91.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 86.5% and the national average of 83.8%. This was achieved with a 2.9% exception reporting rate compared to the CCG average of 7.2% and the national average of 6.8%.
- Performance for mental health related indicators was 100% compared to the CCG average of 96.1% and the national average of 92.8%.
- All patients with a mental health condition had a documented care plan in the last 12 months, which was above the CCG average of 89.4% and the national average of 88.8%. However, this was achieved with an exception reporting rate of 70%, which was significantly above the CCG average of 19.9% and national average of 12.7%.

Practice supplied data (subject to external verification) showed an achievement of 535.2 out of 545 QOF points (98%) for the year 2016/17. We found some improvements had been made to the following processes: monitoring of patients with long-term conditions and mental health, and reducing the exception reporting rates. This had been achieved by strengthening the recall system for inviting patients for reviews of their conditions and medicines, patient education and the regular review of the practice performance during staff meetings.

# Are services effective?

(for example, treatment is effective)

## There was evidence of quality improvement including clinical audit:

- The practice shared with us five clinical audits undertaken in the last 12 months. Two of these were completed audits where the improvements made were implemented and monitored.
- For example, the practice had undertaken an audit in respect of interactions between medicines used in the treatment of lowering cholesterol, hypertension and angina due to increased health risks associated with muscles. The re-audit demonstrated 75% of patients prescribed these medicines had been reviewed and changes had been implemented to dosages and prescriptions to ensure safe prescribing.
- The practice also undertook reviews linked to the services it offered including minor surgery and cervical screening.
- The practice used benchmarking data to review its performance and compare with other practices. For example, they reviewed comparative data provided by the CCG including referral rates and hospital admissions to drive improvements to patient care and clinical practice.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, health and safety, and confidentiality.
- New staff were assigned a “buddy” and received a period of shadowing to learn the practice specific systems and patient pathways. Staff we spoke with felt well supported when they commenced their roles.
- Staff had access to and made use of e-learning training modules, in-house training, and learning events organised by Newark and Sherwood CCG.
- Role-specific training and updates were facilitated for relevant staff. For example, clinicians reviewing patients with long-term conditions such as diabetes undertook specific training to support them in these roles. In addition, staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence.

- Arrangements were in place for supervision, appraisal and identification of staff learning needs. This included one-to-one meetings, mentoring, clinical supervision, and support for GPs and nursing staff for their forthcoming revalidation. We saw evidence of appraisals and personal development plans for staff employed for over 12 months appraisal.
- Staff were proactively supported to acquire new skills and share best practice. For example, the practice was supporting the practice nurse to gain her non-medical prescribing qualification through a local university and the lead GP was their designated medical practitioner. The health care assistant had recently gained their nursing assistant qualification.

## Coordinating patient care and information sharing

Clinical staff had access to the information they needed to plan and deliver care and treatment through the practice’s patient record system and their internal computer system.

- This included medical records, care plans, discharge summaries, investigation, and test results.
- Systems were in place to ensure incoming and outgoing correspondence was managed effectively.
- Records reviewed showed relevant information was shared with other services in a timely way, for example when referring patients to secondary care.

The practice held monthly multi-disciplinary meetings to assess the range and complexity of patients’ needs, and to plan the on-going care and treatment for patients with multiple health needs. Care plans were routinely reviewed and updated for patients with complex needs. The meetings were part of the CCG profiling risk integrated care self-management (PRISM) programme which includes three key elements of care, “ identifying those patients who are most at risk of being admitted to hospital; developing fully integrated care teams and supporting patients to self-manage their conditions”.

The meetings included a lead GP and representatives from community based services such as specialist nurses for mental health, diabetes and heart failure, the community matron, a ward coordinator, an occupational therapist, a social worker, and self-care advisor. Information was shared between services with patients’ consent, using a shared care record.

# Are services effective?

## (for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The palliative care lead co-ordinated the monthly meetings which was attended by the community palliative nurse specialist, district nurses, GPs and administration staff to ensure support was in place for these patients.

The practice's palliative care register included 47 patients. Information relating to their care was shared with the ambulance and out of hour's services as part of the electronic palliative care co-ordination systems (EPaCCS). Feedback received from the palliative community nurse specialist highlighted the practice provided effective care and treatment. This included pain and symptom management, which promoted the patients physical and emotional needs.

### Consent to care and treatment

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

- Staff had received appropriate training and understood the relevant consent and decision-making requirements including the Mental Capacity Act 2005.
- 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.
- A register was maintained for all patients subject to Deprivation of Liberty Safeguards (DoLS) and those who had a "Do Not Attempt Resuscitation" decision to inform the delivery of their care and treatment.
- Assessments of capacity to consent were undertaken when providing care and treatment for children and young people.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services.

- For example, patients at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. The practice facilitated a walk-in service for help with smoking cessation on a Monday afternoon.
- The practice provided new patient health checks and NHS health checks for patients aged 40-74. A total of 41% of the target number of NHS health checks had been completed as March 2017. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had undertaken an annual health review for 62.5% (10 out of 16 patients) of their patients with a learning disability in the last 12 months.

The published QOF data showed the practice's uptake for the cervical screening programme was 86.3%, which was above the CCG average of 85.9%, and the national average of 81.5%. Exception reporting was 3% and below the CCG average of 5.6% and national average of 6.5%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The most recent data published by Public Health England showed:

- The uptake for bowel cancer screening for patients aged 60 to 74 years in the last 2.5 years was 61.5%. This was in line with the CCG average of 61.2% and above the national average of 58.5%.
- Breast cancer screening for females aged 50-70 years old in the last three years was 77.7%, which was in line with the CCG average of 78% and above the national average of 72.5%.

To note is the above data relates to the practice's performance in 2015/16 prior to changes in the provider. The 2016/17 data was yet to be published at the time of our inspection.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Practice supplied data showed the uptake rates for vaccines given to children under the age of two years and five year olds were above local averages. For example, practice supplied data showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 96% to 100%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; and conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received contained positive feedback about the service experienced. Patients felt the practice offered a very good service and improvements had been made in the last 12 months. Some patients praised specific clinical staff for the level of care received and staff were described as being polite, friendly, and helpful. Two comments cards also contained less positive comments including lack of continuity of care.

We spoke with eleven patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The views of external stakeholders were positive about the care provided by the practice and in line with our findings.

After our inspection, we reviewed the national GP patient survey results published in July 2017. The survey results showed the majority of patients felt they were treated with dignity and respect; although scores were below local and national averages. For example:

- 90% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and national average of 95%.

- 78% of patients said the GP was good at listening to them compared to the CCG and the national averages of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 72% 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 national average of 86%.

Primary Integrated Community Services took over the management of the practice in May 2016 in a caretaker role. At this time a new team of GPs was introduced including a high usage of GP locums due to difficulties in recruitment. The practice felt this could have had an impact on response rates in relation to patient satisfaction with GP interactions. To address some of the concerns, the practice had recruited one salaried GP and made efforts to secure long-term locums to help provide continuity of care for patients and to enable patients to build relationships with regular GPs. We were assured that the practice was committed to analysing and addressing the areas identified as being below average.

Results from the practice's own survey showed patients responded positively to questions about involvement in care and treatment. For example:

- 88% of respondents felt the GPs and nurses included them in the decision-making about their care and treatment.
- 83% of respondents had confidence with the GP and nurse they saw.
- 80% of respondents felt staff were courteous and friendly.

The NHS friends and family test results also showed an improvement in patient satisfaction over the last 12 months. For example: in May 2016, 23% of patients would recommend the practice to others compared to May 2017 where 82% would recommend the practice. This reflected an increase of 59%.

Satisfaction scores on consultations with nurses were more in line with the CCG and national averages:

- 96% of patients said they had confidence and trust in the last nurse they saw which was in line with the CCG and national averages of 97%.

## Are services caring?

- 91% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.

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

- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and national average of 87%.

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

Feedback from patients we spoke with and comment cards showed they felt involved in decision making about the care and treatment they received. Patients 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.

We saw examples of personalised care plans and action plans, which took account of the individual needs and circumstances of the patient. This included patients with palliative care needs. The community palliative nurse specialist highlighted that advance care planning including discussions about do not resuscitate and mental capacity were discussed. Care involvement and support was also reported to be good.

The national GP patient survey results showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, values for consultations with GPs were below the CCG and national averages and values relating to nurses were relatively in line with CCG and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and national averages of 86%.

- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

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

A wide range of patient information leaflets and posters were available in the patient waiting area. These informed patients about how to access a number of support groups and organisations, which could offer relevant support and volunteer services. An example includes “Let’s Talk-Wellbeing”, a service that provides psychological assessment and treatment for mild to moderate common mental health problems.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had recorded 197 patients as carers. This was equivalent to 3.6% of the practice’s patient list. The practice acknowledged that improvement work was being undertaken to validate the number of carers and to ensure staff were proactive in providing personalised support for each carer. A member of staff had recently been trained to act as a carers’ champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate. Where required, this contact was followed by a consultation at a flexible time to meet the family’s needs or by giving them advice on how to find a support service. The practice also sent out condolence cards and information on how to access bereavement support services to bereaved relatives.

The practice had a system in place to ensure that all relevant staff were made aware of bereavements. Notifications of death were received by a member of the administration team and the most relevant GP was made aware to ensure follow-up action was taken.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Primary Integrated Community Services (PICS) Ltd took over the management of Balderton primary care centre in May 2016. The provider 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. This included increasing staffing levels and improving access to the service.

- A range of services were offered in the practice to ensure patients could access care that was closer to home. This included minor operations, joint injections, travel vaccinations, chronic disease management and phlebotomy (including for children aged 10 years and above).
- The practice provided maternity and family planning services including post-natal reviews, sexual health advice and screening.
- Patients with multiple long-term conditions were seen in one extended appointment to ensure a holistic review of their health needs was completed.
- There was a named GP allocated to care homes and visits were undertaken as requested in addition to regular reviews. This was corroborated by positive feedback received from a care home.
- Home visits were also available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- There were longer appointments available for patients with a learning disability and or experiencing poor mental health.
- The practice maintained a "priority patient list" to ensure patients with complex health needs and / or living in vulnerable circumstances were prioritised if they contacted the surgery.
- The practice sent out new baby cards to congratulate patients on the birth of new babies. Included with the card was a registration form letter reminding the parents to register their baby and to book an appointment for an eight-week check.
- Same day appointments were available for children and those patients with medical problems that require same

day consultation. An audit undertaken by the practice showed the number of hospital admissions were nil/ reduced over time because of offering same day access for children aged five years and under.

- The practice has considered and implemented the NHS England Accessible Information Standard. The Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively with health and social care services.
- The premises were accessible to children and patients with a disability and / or impairments. All of the consulting rooms were located on the ground floor and a hearing loop system was available for patients with hearing impairments. A wheelchair was available on request.

Translation services were also available for patients who required them.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were generally from 8.30am to 12.30pm and from 3pm to 6pm. A duty/on call doctor was available until 6.30pm. Extended hours appointments were available on Tuesdays from 6.30pm to 8pm and on Friday from 7am to 8pm with the nursing assistant and practice nurse.

Feedback received from patients and comment cards showed most people were able to get appointments when they needed them; and this had improved over time. Our review of the appointment system showed patients could access a GP pre-bookable appointment within three working days and within one week for the lead GP. Less positive comments from patients related to lack of continuity in GPs, not always being able to access a female GP, ease of accessing appointments.

The practice's patient survey carried out in September 2016 showed the majority of respondents were satisfied with access to appointments. For example: 82% of patients surveyed said they were satisfied with the level of response they had when they made telephone contact with the practice in the last three months and 67% patients felt the waiting time for an appointment was excellent or good.

# Are services responsive to people's needs?

## (for example, to feedback?)

We found access to the service was an area regularly reviewed by the practice and the patient participation group. Different measures had been implemented and / or trialled to drive improvement. For example:

- The practice had increased the number of non-clinical staff to enable the phone to be answered in a more timely manner.
- The practice had also restructured its appointment system in response to patient feedback, people failing to attend appointments and long waiting times to access appointments.
- For example, the practice reviewed the number of appointments available to book in advance and the availability of appointments were increased in response to patient demand on some days.
- An on call doctor (and an advanced nurse practitioner on some days) triaged patients requesting an urgent appointment. These requests were dealt with via the telephone or patients were offered appointments on the day they called or later on in the week if required.
- Availability of telephone consultations were also increased on some occasions to enable patients to speak to a GP if they were unable to book an appointment.
- Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

However, the national GP patient survey results published in July 2017 showed that patient's satisfaction with how they could access care and treatment was below or in line with local and national averages. These results reflected the views of 42% of respondents for the period January to March 2017.

- 72% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- 70% of patients said their last appointment was convenient compared to the CCG average of 80% and the national average of 81%.

- 69% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and national average of 76%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 71%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG and national averages of 58%.

Following our inspection, the practice submitted additional evidence detailing the measures that would be put in place to drive patient satisfaction in response to the national GP patient survey results published in July 2017.

Benchmarking data reviewed showed accident and emergency attendances for the period April 2016 to March 2017 had gradually reduced for most months and this was reviewed by the practice staff. However this was still above CCG average including attendances during the day and may be linked to the ease of accessing the service.

### Listening and learning from concerns and complaints

The practice had a system 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 total of 40 complaints, including negative comments on the NHS choices website had been recorded by the practice since May 2017. We looked at four complaints in detail and found they were handled with openness and transparency. People making complaints were provided with explanations, apologies and told about actions taken to improve the quality of services provided.

Complaints were categorised by service area and reviewed regularly to ensure themes were identified and action was taken to address the concerns. For example, the

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

changeover in the management of the practice resulted in continuity of care not always being maintained due to the regular use of short term locums. In addition, the national GP survey results showed 24% of respondents stated they usually get to see or speak to their preferred GP compared to the CCG average of 52% and national average of 56%. However, records reviewed showed the practice had made efforts to improve continuity of care by employing a salaried GP and contracting the same GP locums on most occasions. The improvement to continuity of care was also reflected in the reduced number of complaints received by the practice over the last 13 months.

The practice involved the whole staff team in their review of complaints to ensure learning was discussed and widely disseminated. An annual review of complaints had been undertaken to ensure identified learning had been embedded and improvements had been made to patient care. Themes and trends arising from complaints were also shared with the practice's patient participation group (PPG).



# 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 ethos of the provider was summarised as “Primary Integrated Community Services Ltd cares” and a holistic approach was taken to the provision of health care services.
- Practice staff worked towards delivering person centred care that was underpinned by values such as mutual respect, partnership working, clinical excellence and improving continuity of care.
- The practice’s aims and objectives were detailed within the practice’s statement of purpose.
- Staff we spoke with demonstrated awareness of the practice vision and values, and knew what their responsibilities were in relation to these.
- The practice had a supporting business plan, which reflected the vision and values. Regular management and business meetings were held to monitor progress and future plans.

### Governance arrangements

The practice had an overarching governance framework that supported the delivery of the strategy and good quality care.

- The provider’s (Primary Integrated Community Services Ltd known as PICS) governance structure had clearly defined functions, which included committees for clinical governance and the overall management of the service.
- The clinical director of PICS maintained oversight of the governance arrangements in collaboration with the clinical governance committee.
- The practice manager was supported in their role by the primary care support co-ordinator and the managing director.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and available to all staff on the practice’s computer system. Records reviewed showed policies were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained through regular reviews and auditing patient outcomes. The practice also reviewed and acted upon performance information produced by the clinical commissioning group (CCG).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, a monthly meeting for clinicians was facilitated by the lead GP and supported by the medical director. The agenda covered areas such as prescribing, referrals, and quality indicators of performance and clinical audit.
- There were appropriate arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. This included the regular review of the practice’s risk register and assessing the practice’s “safety climate” based on the Royal College of General Practitioners patient safety toolkit. The results of the self- assessment showed the practice performed above average in areas such as communication, management of workload, learning, leadership and teamwork.
- Issues such as complaints, significant events and safeguarding concerns were discussed within the practice and at the clinical governance meetings. This ensured shared learning across all locations managed by the provider.

### Leadership and culture

The leadership team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care on the day of inspection. They told us they prioritised safe, high quality and compassionate care.

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

- Staff had lead roles and responsibilities in key areas such as the administration of the practice, end of life care and chronic disease management.

# Are services well-led?

Good 

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

- In addition to internal lead roles, some of the GPs held external leadership roles and were involved in local community improvement groups. This included the clinical director and the lead GP who was the interim deputy chair of the newly formed Newark Federation.
- Staff told us the leadership and management team were visible within the practice, had an open door policy and always took the time to listen to them.
- Staff felt respected, valued and supported in raising concerns or issues.
- The practice held and minuted a wide range of staff meetings. In addition to management and partnership meetings, the practice held regular clinical, nursing and reception team meetings. Staff told us they had the opportunity to share their views at team meetings.
- Feedback from staff was positive about the working environment and communication within the practice and some staff referred to it as a “family” or a “close knit team”.
- Staff we spoke with told us they were involved in discussions about how to run and develop the practice, and the leadership encouraged them to identify opportunities to improve the service delivered by the practice.
- Feedback from patients was proactively sought through the patient participation group (PPG), NHS friends and family test, complaints and compliments received. The practice also undertook its own survey to ensure it had access to up to date patient feedback.
- The PPG was active in communicating patient feedback and concerns to the practice. We spoke with two PPG members who confirmed monthly meetings were held and attended by practice staff, and proposals for improvements were acted upon by the management team. The PPG also undertook fundraising activities and produced a newsletter.
- The practice had gathered feedback from staff through regular meetings, staff away days, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staffing shortages and changes had presented challenges to the practice in 2016 but improvements had been made including areas such as human resources and leadership. Staff told us they worked well as a team and had been supported by the leadership during the transition period.
- Staff told us they felt motivated, involved and engaged to improve how the practice was run.

The provider was aware of and systems in place to ensure compliance with the requirements of the duty of candour had been improved. 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

- Affected people received support, information and apologies where appropriate.
- The practice kept records of verbal and written interactions.

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

The practice encouraged and valued feedback from patients and staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The provider and practice team were forward thinking and part of local pilot schemes to improve outcomes for patients. This included participating in the CCG prescribing engagement schemes and involvement in the national pilot for clinical pharmacists in general practice. The pilot involves employing a pharmacist two days a week, which would increase the practice’s capacity to review patients’ medicines and resolve day-to-day medicine issues.
- Staff were encouraged to develop in their roles and provided with training to support this. For example, the lead GP and a practice nurse were completing a sexual

# Are services well-led?

Good 

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

health course, which would enable the practice to provide additional services for patients in the future. The lead GP was also undertaking the medical leadership, education and research certificate and focusing on the development of a clinical pharmacist role for the practice.

- The practice had established a new role (lead nurse for primary care) to provide leadership and mentorship to the nursing staff working across all locations owned by Primary Integrated Community Services Ltd. Plans were in place to strengthen the practice nurse meetings, clinical supervision arrangements and inter-practice collaboration.