The Boulevard Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Location name on 11 and 23 May 2017. Overall the practice is rated as requires improvement.

The Boulevard Medical Centre is a registered location under the provider, The Beechdale Medical Group. All of the providers four registered location were inspected on 11 and 23 May 2017; all four locations have been rated inadequate for the well-led domain.

Our key findings across all the areas we inspected at Boulevard Medical Centre were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews, investigations and learning from significant events was not documented clearly enough. It was not evident that learning was shared widely enough in the practice.
- Some risks to patients were assessed and managed. However, the practice had not considered and identified all risks. For example, those relating to recruitment checks and legionella.
- Data showed patient outcomes were in line with or above local and national averages.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available but not in a variety of formats, so not everybody would be able to understand or access it.
- The practice had a number of policies and procedures to govern activity and staff knew how to access these.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure policies are implemented and systems are operated effectively to assess, monitor and mitigate risk.
- Ensure that staff complete all relevant training, including refresher training, so that their skills are knowledge are up to date.

In addition the provider should:

Summary of findings

- Have arrangements in place to assure the safe and proper management of medicines in line with recognised guidance and best practice.
- Facilitate annual health checks for all patients with a learning disability.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong reviews and investigations were carried out the documentation was not detailed enough and it was not clear that any lessons learned were communicated widely enough to support improvement.
- Most staff had received training on safeguarding children and vulnerable adults relevant to their role and they demonstrated they understood their responsibilities regarding safeguarding. However, the practice were unable to demonstrate that all GPs had completed appropriate safeguarding training.
- Risks to patients were assessed but the systems put in place to address these risks were not implemented well enough. For example, processes for the safe storage of vaccines were not followed reliably.
- A formal recruitment process was followed but there was no documented evidence to confirm DBS checks were always completed at the point of employment. There was no evidence that the practice had considered any risk associated with not having up to date DBS checks in place for all staff.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were in line or above local and national averages.
- Staff were aware of current evidence based guidance.
- Most staff had the skills and knowledge to deliver effective care and treatment. There was evidence of appraisals for some staff and plans were in place to complete these for the remainder.
- There was no system of clinical supervision in place for nurses. We found the nurse was not following best practice in relation to administration of some immunisations.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Multi-disciplinary meetings were held for all practices in the group and were well attended by community based staff.

Summary of findings

- End of life care was coordinated with other services involved...

Are services caring?

Good

The practice is rated as good for providing caring services.

- Results from the national GP patient survey published in July 2016 showed that patient satisfaction with how they were treated by GPs was in line with local and national figures. For example, 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- Further data from the national GP patient survey showed that patient satisfaction levels about their interactions with nurses was above local and national averages.
- There had been a change in GP cover arrangements since the publication of these results. Information we collected during our inspection, from speaking with patients and reviewing comment cards, showed patients were positive about the service they received from GPs.
- Survey information we reviewed showed that patients said tests and treatments were explained to them and they were involved in decisions about their care and treatment.
- Information for patients about the services available.

Are services responsive to people's needs?

Requires improvement

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

- The practice understood its population profile and had used this knowledge to meet the needs of its population. For example, substance misuse clinics were provided for practices within the group on a weekly basis.
- Feedback from patients reported that they could usually access an appointment when they needed one, but there was sometimes a lack of continuity with the GP they saw. To facilitate access to appointments patients sometimes attended one of the other three practices in the Beechdale Medical Group, including on Saturdays and Sundays.
- The practice had suitable facilities and was equipped to treat patients and meet their needs. There were plans in place to improve the premises and offer patients a wider range of services.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Summary of findings

Are services well-led?

Inadequate

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

- The practice had a vision and a strategy which focussed on improvements to premises and merging locations. Some staff could describe to us the vision and values of the practice, but not all staff were clear about this.
- There was a clear leadership structure and some, but not all, staff felt supported by senior staff.
- The practice had a number of policies and procedures to govern activity, and staff knew how to access these.
- Governance arrangements were not always operated effectively to support the delivery of good care.
- Staff from this practice attended Beechdale Medical Group staff meetings, which included staff from all four practices.
- We were not assured that the partners and management team had the capacity to provide effective leadership across all four registered locations. However, evidence indicated a new business manager was being recruited, which would be an additional staff resource.

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

Requires improvement

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

The practice is rated as requires improvement for providing safe, effective and responsive services. The findings which led to these ratings apply to all population groups including this one.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns. Most staff, but not all, had completed appropriate training in safeguarding.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments when necessary. The practice supported two residential care homes for older people.
- 100% of patients with rheumatoid arthritis, on the register, had a face-to-face annual review in the preceding 12 months. This was above the CCG and national average.

People with long term conditions

Requires improvement

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

The practice is rated as requires improvement for providing safe, effective and responsive services. The findings which led to these ratings apply to all population groups including this one.

- Regular clinics were held to support patients with the management of their diabetes. Performance for diabetes related indicators was 86% which was 4% above the CCG average and 4% below the national averages.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and were offered annual reviews to check their health and medicine needs were being met appropriately.
- For patients with the most complex needs the named GP worked with relevant health and care professionals to support the delivery of multidisciplinary care.

Families, children and young people

Requires improvement

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

Summary of findings

The practice is rated as requires improvement for providing safe, effective and responsive services. The findings which led to these ratings apply to all population groups including this one.

- There were arrangements in place to help safeguard children from abuse. Staff participated in relevant training and demonstrated an understanding of the possible risks and necessary action.
- There were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk. For example, children who had a high number of A & E attendances.
- Practice data showed immunisation rates for children under two and five were above 90%.
- Three was a weekly baby clinic which covered all four practices.
- Unwell children were prioritised and there was daily clinical triage to review the needs of patients requesting appointments.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Working age people (including those recently retired and students)

Requires improvement

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

The practice is rated as requires improvement for providing safe, effective and responsive services. The findings which led to these ratings apply to all population groups including this one.

- The practice had considered the needs of this population group and offered services to meet their requirements.
- To facilitate access to appointments at convenient times patients were able to attend other practices within the Beechdale Medical Group. This included appointments on Saturdays.
- Sunday morning nurse and GP appointments were available at The Boulevard Medical Centre, for people unable to attend weekday appointments.
- A full range of health promotion and screening was offered that reflected the needs for this age group. The practice's uptake for the cervical screening programme was in line with CCG and the national averages.
- A full range of contraceptive services could be accessed by patients.

People whose circumstances may make them vulnerable

Requires improvement

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

Summary of findings

The practice is rated as requires improvement for providing safe, effective and responsive services. The findings which led to these ratings apply to all population groups including this one.

- The practice held a register of patients living in vulnerable circumstances, for example, carers and learning disability.
- The practice had identified six patients on their learning disability register and only one of these had received an annual health check in the last 12 month period. There was no evidence that the other five patients had been offered reviews or followed up.
- There were regular multidisciplinary meetings with community based health and social care professionals to discuss the management of vulnerable patients.
- The practice had information leaflets available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

The practice is rated as requires improvement for providing safe, effective and responsive services. The findings which led to these ratings apply to all population groups including this one.

- Performance for mental health related indicators was above CCG average and national averages. For example, 88.2% of patients with a mental health condition had a comprehensive care plan documented in their records in the preceding 12 months. This was in line with the CCG and national averages and was achieved with an exception reporting rate of 0%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice, along with the other three practices in the group, had been involved in implementing the pilot Physform project across Nottingham which involved patients with mental health conditions having regular physical health reviews.

Summary of findings

- Staff demonstrated an understanding of how best to support patients with mental health needs and dementia training was planned for all staff.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with and sometimes above local and national averages. A total of 351 survey forms were distributed and 103 were returned. This represented a 29% response rate and accounted for 5.7% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards and overall these were all positive about the standard of care received. Patients told us that they found staff to be friendly and helpful and they were usually able to get an appointment when they needed one, including attending one of the other three surgeries in the group. One commented specifically on how much they appreciated the availability of weekend appointments. Less positive comments were received from two patients who felt that there was a lack of continuity in relation to which GP they saw.

We spoke with three patients during the inspection. All said they were satisfied with the care they received, found all staff to be helpful and had no difficulties in accessing appointments. Two of the patients we spoke with acknowledged that they often saw different GPs but did not feel this detrimental to the care they received.

The Boulevard Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

An inspection of all four locations registered under the Beechdale Medical Group was undertaken on 11 May and 23 May. The team across the two days included four GP specialist advisors, two practice manager specialist advisors, a practice nurse specialist advisor and five CQC inspectors.

Background to The Boulevard Medical Centre

The Boulevard Medical Centre is situated at 635 Western Boulevard, Nottingham NG8 5GS and is registered with the Care Quality Commision to provide the following regulated activities:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The practice is part of the Beechdale Medical Group which includes three further GP practices, all located within approximately one mile of each other. Each practice holds a Primary Medical Services Contract with Nottingham City Clinical Commissioning Group and has a separate patient list. Beechdale Medical Group is a partnership between a GP and advanced nurse practitioner. The total list size of the four practices in the group is approximately 12,650 and all are situated in the NG8 district of Nottingham.

The Boulevard Medical Centre provides primary medical services to approximately 1,780 patients, is the smallest in the group and is located in an area of high deprivation.

Care and treatment at The Boulevard Medical Centre is mainly provided by locum GPs. The nursing team consists of a practice nurse (19.5 hours per week) , who is a prescriber, and one healthcare assistant/receptionist (28 hours per week). They are supported by a team of reception staff and administrative staff. In addition the partner GP and nurse practitioner also provide healthcare at the practice. The practice manager in post at Beechdale Medical Centre also covers The Boulevard Medical Centre.

It is not a dispensing practice.

The practice is open between 8am and 6.30 Monday to Friday with no extended hours for GP appointments. Appointments with a nurse and GP are available on a Sunday between 9am and 11am.

When the surgery is closed out-of-hours GP services are provided by Nottinghamshire Emergency Medical Services (NEMS) which is accessed by telephoning the NHS111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the Clinical Commissioning Group and NHS England to share what they knew. We carried out announced visits on 11 May and 23 May 2017. During our visits we:

- Spoke with a range of staff including the nurse, healthcare assistant and receptionists, and spoke with patients who used the service.
- Spoke with the partners responsible for the provision of regulated activities at this location.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and explained to us that there was a recording form available on the practice's computer system.
- There had been five documented significant events over the last 12 months. We saw evidence that the practice had taken action in response to these, including assessing the possible risks associated with the event, taking action to improve safety in the practice and avoid any future occurrence. This included discussions with staff involved and changes in working practices. For example, following an incorrect medicine being prescribed due to error in transcribing written information, changes were made to ensure the original text was included when assigning tasks.
- We did not find evidence to show that the practice fed back more widely to all staff about the learning from significant events. We were also unable to confirm whether they carried out reviews to ensure that any identified actions had been fully implemented as a result of a significant event analysis.
- Significant event records did not indicate whether patients had been informed in cases where they might have been affected or where they might have benefited from support or information.
- It was also unclear whether the practice captured and recorded significant events consistently. There had been a failure in the vaccine cold chain in October 2016 due to a fridge failing. Alternative arrangements were made and action taken in relation to the vaccines being stored in the fridge at that time. However, no significant event record had been completed to evidence that the incident had been fully reviewed and learning outcomes considered.
- Staff confirmed that they received information about MHRA alerts and a local prescribing newsletter. They also told us a revised process for responding to safety alerts had recently been introduced. System searches undertaken as part of the inspection showed that appropriate action had been taken in response to MHRA alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. There was evidence of the practice providing information for safeguarding meetings and liaising with safeguarding teams. For example, the practice had provided information as part of a multi-agency serious case review.
- Staff we spoke with confirmed they had received training on safeguarding children and vulnerable adults relevant to their role and training records confirmed this. They demonstrated they understood their responsibilities regarding safeguarding. They confirmed that if they had any concerns about the safety of a patient they would take action and raise this with a senior member of staff. At the time of the inspection the practice could not provide, when requested, evidence to demonstrate the lead GP was trained to child safeguarding level 3. Following the inspection, the practice provided evidence to demonstrate that the e-learning training had been undertaken by the lead GP for child safeguarding level 3 on 15 June 2017.
- A notice in the waiting area advised patients that chaperones were available if required. Staff we spoke with who acted as chaperones confirmed that they 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 clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) lead and an IPC audit had recently been completed, in March 2017. We saw evidence that action had been taken to address the improvements identified. Staff had recently completed IPC training.

Requires improvement

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The fridge used to store medication had recently been cleaned in line with the practice's IPC policy, although there were no historic records to confirm this cleaning had been carried out at the six monthly intervals specified in their policy.
- Fridge temperatures were monitored on a daily basis but we found staff responsible for this were not all fully aware of the correct process for resetting the temperature. We also found that the fridge was overstocked, which could impact on its effectiveness. However, the data logger equipment in situ showed that the fridge temperature had been maintained consistently and within the recommended range.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. System searches carried out as part of our inspection demonstrated that patients receiving high risk medicines had received an appropriate review. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as a Nurse Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- During our inspection we identified a sharps waste bin had been disposed of in a skip outside the premises. The practice were unable to explain the reason for this and investigated immediately. It emerged this did not contain any sharps or clinical waste and had been disposed of in the skip when clearing out an unused room. It was an old supply and out of date, therefore no longer required. During our inspection it was removed from the skip and the practice assured us it was returned to the relevant contractor for appropriate disposal.

We reviewed a sample of recruitment files and found appropriate checks had not always been undertaken prior to employment. We reviewed five recruitment files and found in three cases no evidence of DBS checks having been completed at the point of employment. Although we were assured by the provider these checks had been carried out there was no documented evidence available to confirm this. Neither was there any evidence that the practice had considered any risk associated with not having an up to date DBS check for these staff members.

Monitoring risks to patients

There were some procedures for assessing, monitoring and managing risks to patient and staff safety; however there were areas where these needed to be strengthened.

- A risk assessment had been undertaken to assess the safety and security of the building and actions taken to mitigate the risks this had identified.
- There was a health and safety policy available.
- The practice had an up to date fire risk assessment but there was no record of regular testing of fire alarms or fire drills, nor was there a fire evacuation plan to identify how staff could support patients with mobility problems to vacate the premises. Staff had not all received up to date fire safety training.
- All electrical and clinical equipment was cleaned, checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. However they had not carried out a documented assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Shortly before our inspection visit, the practice had sent samples of water to be tested for legionella. Following our inspection, the practice provided copies of the sample test results which were negative for the presence of legionella.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to plan which staff were on duty to meet the needs of patients. There

were also occasions when the practice was open but no GP or nurse in the building. Staff we spoke with felt that, at times, there were insufficient staff available, particularly to cover for absences and busy times.

Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training, although in some cases refresher training was overdue, 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 and stored securely.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff told us that they each kept a copy of the plan at home, should they need to refer to it in an emergency outside of practice hours.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

There were arrangements across Beechdale Medical Group to keep all clinical staff up to date. This included circulating information relating to NICE guidance which staff told us they saw, read and signed to confirm their receipt of the information.

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 97% of the total number of points available which was above with the clinical commissioning group (CCG) average of 93% and national average of 95%. The overall exception reporting rate for the practice was 7% which was 2% below the CCG average and 3% below the national average. (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).

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

- Performance for diabetes related indicators was 86% which was 4% above the CCG average and 4% below the national averages. For the 11 indicators used to monitor the effectiveness of diabetes treatment exception reporting was below the national average for nine of these.
- Peformance for hypertension related indicators was 100% which was 4% above the CCG average and 3% above the national average.
- Performance for mental health related indicators was 87% which was 4% below the CCG and 6% below the national averages. 88% of patients with a mental health condition had a documented care plan in the previous 12 months, which was in line with the CCG and national averages. The exception reporting for this indicator was 0%.
- 70% of patients with a diagnosis of dementia had received an annual review in the preceding 12 months. This was 16% below the CCG average and 14% below the national average. The exception reporting rate for this indicator was above the CCG and national averages. The practice had a low number of patients on their dementia register.

There was evidence of quality improvement including clinical audit and a range of clinical audits had been undertaken across the practice group. A number of these were two cycle audits where improvements could be demonstrated in the quality of care provided to patients.

Effective staffing

There were arrangements in place to help ensure staff had the skills and knowledge to deliver effective care and treatment, but these did not always work reliably.

- There was an induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality. We saw evidence of a completed induction plan for the most recently recruited member of reception staff. Locum GPs were provided with a manual containing information on policies, procedures, local contacts and services.
- A review of the training needs of staff had been completed and the practice had recently begun to use a new online training resource. This meant they were undergoing a period of transition to the new system.
- The practice had identified training which it considered mandatory for staff which included: safeguarding, fire safety, information governance and infection control. However, there were some areas where training was overdue, for example, in relation to fire safety and cardio-pulmonary resuscitation.
- Some, but not all, staff had received an appraisal within the last 12 months. The practice had undergone a change in practice management which had delayed staff appraisals being undertaken. The new practice manager had received training in conducting appraisals and had plans in place to complete appraisals for staff.
- The practice nurse did not receive formal clinical supervision or any ongoing assessment of their

competency. The practice could not provide, when requested, evidence to demonstrate the practice nurse had attended recent training in areas such as immunisations or cytology. Following our inspection, we were provided with evidence to indicate that training updates had been booked for the nurse. During our inspection we found the nurse was unfamiliar with the arrangements for setting the vaccine fridge temperature. We also found they were not always following best practice in relation to administering childhood immunisations. We raised this with the practice who undertook to review these issues and assess any risks associated with these.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The GP or nurse partner managed incoming patient information, such as pathology results, across the practice group. We found that this information had been appropriately responded to and necessary action taken.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. There were regular multidisciplinary meetings which brought together staff from the Beechdale Medical Group with a broad range of other professionals, including those involved with safeguarding, health visiting, end of life care and care home patients. Notes of these meetings showed good multidisciplinary involvement and that care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- Patient consent for the collection and sharing of their personal information was recorded when new patients registered at the practice.

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 receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 82% and the national average of 81%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data provided by the practice for 2016/17 demonstrated the practice had exceeded the national expected coverage of 90% of vaccinations for children aged under two years of age. Immunisation rates for children under two ranged from 96% - 100%. The uptake rate for vaccines given to five year olds for 2016/17 was 99%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

Requires improvement

Are services effective?

(for example, treatment is effective)

cancer. Data provided by the practice for showed that bowel screening was 49%, which was similar to the CCG average. Uptake for breast screening was 74% which was in line with the CCG average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However, data provided by the practice showed out of the six patients on their learning disability register only one had received an annual review of their health care needs.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Staff we spoke with described how they were careful to respect patient confidentiality and privacy. For example, making sure they held private conversations where they could not be overheard. During our inspection we observed that members of staff were courteous and 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; 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.
- Patients could be treated by a clinician of the same sex, although for a GP consultation this might entail visiting one of the other three practices within the Beechdale Medical Group.

Results from the national GP patient survey published in July 2017 showed that patient satisfaction with how they were treated by GPs was in line with local and national figures;

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 85%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

These satisfaction levels had improved over the last 12 months. The practice told us that they had taken steps to improve continuity for patients by using a consistent locum GP.

Information we collected during our inspection showed that patients were positive about the service they received.

We received completed comment cards from 11 patients, spoke with three patients on the day and also with representatives from the Beechdale Medical Group patient participation group (PPG).

Overall, comments were very positive about the service patients experienced. Patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient expressed concern that a lack of continuity of GP meant they had to repeat an explanation of their health issues at each consultation. However, in contrast to this, another patient told us they were confident whichever GP they saw was fully appraised of their health condition, which they attributed to good record keeping.

The patient survey data from July 2016 showed that patient satisfaction in relation to consultations with nurses and interactions with reception staff was in line or above local and national averages. For example:

- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and national averages of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

The practice provided support to two care homes, and the Advanced Nurse Practitioner was the nominated clinician for these homes, visiting them every two weeks, supplemented with visits inbetween as required. Feedback from the staff working at these care homes was positive about their engagement with the practice.

Care planning and involvement in decisions about care and treatment

From the completed comment cards and discussions we had with patients, there was an overall view that patients felt involved in decision making about the care and

Good

Are services caring?

treatment they received. Patient comments also reflected that there was usually sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients satisfaction about their involvement in planning and making decisions about their care and treatment was broadly in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 98% 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%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- There were a range of information leaflets available giving general health information and signposting patients to local support services.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice website included some contact information for other organisations such as the Samaritans, NHS Direct and a smoking cessation service. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice invited patients to declare if they were a carer when they first registered as a patient and in total had identified 21 patients as carers (1% of the practice list). There was a leaflet available in reception which signposted carers to Nottinghamshire Carers Hub to access information and support.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice group included four practices in the same areas and was working towards merging some services to improve access.

- A range of services were offered across the practice group so that there was a reduced need for patients to travel to access services. This included minor surgery, travel vaccinations, phlebotomy and spirometry services.
- The practice was open on a Sunday for appointments with the practice nurse. Patients could also access GP appointments on a Saturday at one of the other practices in the group. Although there was flexibility of access across practice group there was not always a GP or nurse on duty at the Boulevard Medical Centre during opening hours.
- We were told that there were longer appointments for those that required these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were early and ongoing conversations with patients about their end of life care as part of their wider treatment and care planning. The practice used an electronic care coordination system to enable the recording and sharing of peoples care preferences and key details about end of life care.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, including ramp access to the main entrance and a disabled toilet.
- The practice were taking account of the needs of their local population and had plans in place to improve and expand the building to enable them to offer a broader range of services..

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. A triage system operated across all four practices in the group with patients being offered appointments at other practices if there was no availability at their registered practice or to meet their individual preferences.

There was not always a GP or clinician on site during practice opening hours and no evidence that any possible risks with this arrangement had been formally assessed. Our review of appointment data showed regular occasions when there was no GP available, so patients would be unable to access GP appointments at their practice.

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

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and national averages of 76%.
- 88% of patients said they could get through easily to the practice by phone compared with the CCG and national averages of 71%.
- 84% 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 CCG average of 82% and the national averages of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 79% and national average of 91%.
- 69% of patients said they didn't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 64%.

Completed comment cards and discussions with patients told us on the day of the inspection confirmed that people were usually able to get appointments when they needed them. One of the patients we spoke with confirmed they sometimes attended appointments at one of the other three practices in the group. Our review of the appointment system confirmed patients did sometimes attend other practices for an appointment.

The practice had a system to assess whether a home visit was clinically necessary and urgency of need for medical attention. In cases where the urgency of need was so great

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when handling requests for home visits. A clinical triage system operated daily across all four practices.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures set out a clear framework for the way complaints were to be responded to.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that leaflets were available in the waiting room to help patients understand the complaints system. The practice website included information about how to make a complaint.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled. There had been an analysis of each complaint, detailing the issues, action taken and where there had been follow up with patients. We saw an example of a complaint response letter which had been sent promptly and showed the matter had been given full consideration.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

During our inspection the partners described their vision to deliver high quality care and promote good outcomes for patients.

- There was an overall vision to develop the way the provider's four practices worked together, with the aim of providing greater choice, easier appointments access for patients and offering high quality, specialist support.
- Not all staff we spoke with were able to articulate to us the vision for the practice.
- The practice had a clear strategy and supporting business plans which reflected their vision. We were told that meetings were held by the partners and the practice management team to review business planning and business matters. We saw evidence of future planning work across the group including plans for mergers and site improvements.
- Planning permission had been secured to extend the premises at the Boulevard Medical Centre to increase the number of consultation rooms and improving access to the building
- The partners acknowledged that GP recruitment and retention was an ongoing problem but was working closely with the clinical commissioning group to try and resolve the issues.

Governance arrangements

The practice had some governance arrangements in place; however these were not always operated effectively to support the delivery of good quality care.

- There was a clear staffing structure across the practice group and most staff were aware of their roles and responsibilities. However, we received reports from staff across the group of confusion in respect of who had responsibility for what, especially when patients were being seen at a location other than the one where they were registered.
- Practice policies were in place and available to all staff. However, the practice group did not always ensure these policies were adhered to. For example in the respect of requesting references for newly appointed members of staff and ensuring medicines were always safely managed.
- The provider had been working to standardise policies across the practice group; however, there were areas where this had not been reviewed to ensure the information related to all sites. For example, in relation to the building maintenance policies.
- We did not see adequate evidence from minutes of meetings that demonstrated lessons were learned and shared following significant events and complaints. Recording of significant events did not always demonstrate that learning and actions had been identified or shared across the practice group.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be strengthened. For example, the practice had not formally assessed the risk of legionella. In addition, the fire risk assessment for The Boulevard Medical Centre was not supported by regular checks of the fire alarm or fire drills.
- There was evidence of ongoing audits to review areas of practice performance, however, there was limited evidence to demonstrate that audits had been reviewed or revisited to ensure improvements had been made in the delivery of care.

Leadership and culture

The Beechdale Medical Group partnership comprises a GP and an advanced nurse practitioner (ANP). We were concerned about the sustainability of this arrangement specifically the capacity and capability to run four practices and ensure high quality care. The evidence gathered at all four sites managed by the provider and inspected on the same days demonstrated that the systems in place to ensure the partners could assess and monitor the quality of the service and identify, assess and manage risks were not effective as their limited resources were stretched. The capacity of the partners had been significantly impacted following the identification of issues at one of the group sites which had resulted in them having to dedicate more time to this location.

We were informed that the partners had recently recruited a business manager who would support them in their roles and oversee the administration of all practices in the group. We were also informed that the practice was in the process of recruiting additional GP support.

There was a leadership structure in place and most staff across the group felt supported by management.

Are services well-led?

Inadequate

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

- Most staff told us the partners were approachable and took the time to listen to them when needed. However, other evidence indicated that staff did not feel that concerns were listened to or that they had adequate support from the partners and management.
- Staff told us the practice held regular team meetings, usually monthly, despite meeting minutes not always being noted. This meant staff that could not attend had no point of reference save for verbal feedback from colleagues.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- However, the system in place for the regular completion of training updates was not effectively managed. Records reviewed showed a number of staff had not undertaken refresher training in the last 12 to 24 months for courses considered mandatory by the provider. This included safeguarding and fire safety awareness.

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

The practice encouraged feedback from patients and staff; however, systems for reviewing and acting on feedback needed to be improved.

It sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG covered all four registered locations operated by the provider. Given that some locations had been operated, some locations had more representation than others. The PPG members told us they were working to ensure all locations were well-represented. The PPG met regularly and submitted ideas for improvements to the practice management team. Meetings were attended by representatives of the practice and members of the group were positive about the relationship with the practice group.
- the NHS Friends and Family test; we were provided with copies of comments from patients to the Friends and Family test. However, the results of these had not been collated or analysed in respect of Boulevard.
- patient surveys; a patient survey had recently been undertaken, however, the results of this had not been collated or analysed.
- staff through meetings and general discussions. Some staff we spoke with across the practice group told us they would feel comfortable in giving feedback and discussing any concerns with management. However, other evidence indicated that not all staff felt comfortable in raising concerns or felt that concerns were listened to or acted upon by the partners and management team.

Continuous improvement

We saw evidence of the practice working with local residents and stakeholders. For example:

- Plans were in place to merge two of the existing practice group locations.
- Plans were in place to refurbish one of the locations.
- The lead GP told us they had been involved in the development of the Physform project across Nottingham. The project focussed on ensuring physical health reviews were undertaken for patients with a mental health condition and involved collaborative work with the local hospital trust.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance **How the regulation was not being met:** The registered person did operate systems or processes effectively to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. There had been no legionella assessment, there was no arrangements to regularly monitor the fire safety of the building, no oversight of monitoring fridge safety. Significant events were not captured and recorded consistently. There were times when the practice was open but there was no clinician on site, and no evidence that this had been risk assessed. This was in breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing **How the regulation was not being met:** The registered person had not ensured that persons employed received appropriate training as necessary to enable them to carry out the duties they were employed to perform. The nurse had not completed all relevant training and was not following recognised best practice for childhood immunisations. Some refresher training was out of date for other staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.