

Strelley Health 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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Key findings

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Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Strelley Health Centre in May 2017. The overall rating for the practice was inadequate.

We carried out a focused inspection in December 2017 to confirm that the practice had taken the required action to meet the legal requirements in relation to the breaches in regulation set out in warning notices issued to the provider following our May 2017 inspection. The warning notices were issued in respect of breaches of regulation related to safe care and treatment, staffing and good governance.

The full reports from the previous inspections can be found by selecting the 'all reports' link for Strelley Health Centre on our website at www.cqc.org.uk.

This inspection was a comprehensive inspection with a site visit undertaken on 7 March 2018. Strelley Health Centre is one of four locations of the provider 'The Beechdale Medical Group'. All four locations registered to the provider were inspected between 22 February 2018 and 7 March 2018. The overall rating for this location is **requires improvement**.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

Our key findings were as follows:

- The practice had implemented clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. Robust recording systems had been introduced to ensure significant events were monitored and reviewed.

Summary of findings

- Arrangements to respond to emergencies had been significantly improved; arrangements had been standardised across the practice group.
- Regular risk assessments were undertaken in respect of premises health and safety issues. Appropriate action had been taken by the practice in response to ongoing premises issues outside of the practice's control.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Bowel and breast cancer screening rates were slightly below local and national averages.
- Staff were supported to access the training required to fulfil their roles and received regular appraisals.
- We observed that staff involved and treated patients with compassion, kindness, dignity and respect; however GP patient survey results reflected poor patient satisfaction in respect of GPs at the time of the survey in January 2017.
- There were increased appointments and clinical capacity since our last inspection; however, changes had not yet been reflected in patient survey results.
- Leadership arrangements had been reviewed and improved across the practice group; this included the

recruitment of a new business manager to provide strategic and operational leadership; a practice manager for this location and a nurse clinical quality lead.

- There were clear plans in place to improve the quality of services provided for patients; including through a rebuild of the premises.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Continue to review and improve patient satisfaction with regards to care and treatment and access to appointments.
- Continue to improve methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.
- Continue to review and improve uptake rates for cancer screening.
- Continue to review and improve the use of the clinical system to ensure all tasks are managed appropriately.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

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 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Strelley Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a lead inspector and a GP specialist advisor.

Background to Strelley Health Centre

Strelley Health Centre provides primary medical services to approximately 4300 patients in the Strelley of Nottingham. The practice is located at 116 Strelley Road, Nottingham, Nottinghamshire, NG8 6LN.

The provider is registered for the provision of the following regulated activities from Strelley Health Centre:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Strelley Health Centre is part of the Beechdale Medical Group which has three further GP practices located within a close radius. Each practice holds a Primary Medical Services (PMS) contract with Nottingham City CCG and each has a separate patient list. Beechdale Medical Group is a partnership between a GP and an advanced nurse practitioner. The total list size of the four practices in the group is approximately 12,900 and all are situated in the NG8 district of Nottingham. Patients registered with any practice within the Beechdale Medical Group have access to appointments at all practices within the group.

Strelley Health Centre is situated in an area of high deprivation falling into the most deprived decile. Income deprivation affecting children and older people is above the local clinical commissioning group (CCG) average and the national average.

The clinical staff comprises one salaried GP and three regular locum GPs (male and female), an advanced nurse practitioner, a practice nurse and a healthcare assistant. Some clinical sessions are also provided by the GP partner. The clinical team is supported by a group business manager, a practice manager and a team of reception and administrative staff. A number of staff work across the group including a business processes facilitator and a nurse lead.

The practice is open between 8.00am and 6.30pm Monday to Friday. There is no extended opening provided from this location but patients can access extended hours and weekend appointments at other locations within the group.

When the practice 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 undertook an announced comprehensive inspection of Strelley Health Centre on 11 May 2017 and 23 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. We undertook a follow up focused inspection of Strelley Health Centre on 1 December 2017. This

Detailed findings

inspection was carried out to ensure the practice had complied with the warning notices issued in August 2017 and to confirm that the practice was now meeting legal requirements.

The full reports following the inspections in May 2017 and December 2017 can be found by selecting the 'all reports' link for Strelley Health Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of the Strelley Health Centre on 7 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

Are services safe?

Our findings

At our previous comprehensive inspection in May 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of the following areas were not adequate:

- **Arrangements to handle clinical or medical emergencies**
- **Safe administration of medicines**

These arrangements had significantly improved when we undertook a follow up inspection in December 2017. During our inspection visit in March 2018, we found that improvements had been embedded and sustained. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies in place; including adult and child safeguarding policies. Policies were standardised across the practice group. These were regularly reviewed and there were arrangements in place to ensure changes were communicated to staff. Arrangements to ensure ease of access to the most up to date policies and procedures had been improved. Policies were easily accessible to all staff including locums.
- Staff received safety information for the practice as part of their induction and via ongoing refresher training. Arrangements were in place to ensure staff received timely reminders of when refresher training was due.
- There was a system to highlight vulnerable patients on care records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding training at a level appropriate for their role. They knew how to identify and report concerns. Information was displayed on noticeboards and in consultation rooms outlining whom staff should contact regarding safeguarding concerns.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was an infection control lead in place and regular audits were undertaken. The infection control audit process at the practice had been supported by the clinical improvement lead nurse for the practice group.
- Systems for safely managing healthcare waste were being operated effectively. Sharps waste was disposed of in line with guidance.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements to plan and monitor the number and mix of staff needed had been improved. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. Staff provided cover at other locations within the group where a need for this was identified and some staff had been redeployed across the practice group in response to identified need. Systems and processes across all four locations operated by the provider were being standardised to ensure that staff could work across multiple locations more efficiently.
- There was an effective induction system for staff tailored to their role; this included arrangements for locums working at the practice.
- Arrangements to respond to medical emergencies had been significantly improved and were standardised across all locations within the practice group. Emergency trollies had been purchased for each location and these were stocked with the same equipment at each location. Information was displayed about where emergency equipment was located and

Are services safe?

staff were aware of the location of emergency equipment and medicines. Regular checks of emergency equipment and medicines were undertaken and documented.

- Staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we reviewed showed that the information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The electronic records for patients were available at all four registered locations operated by the provider meaning that records were accessible in the event that patients were being seen at a location other than their registered location.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Patient specific directions to ensure the safe administration of medicines by healthcare assistants were being completed appropriately.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- The practice had experienced ongoing safety issues within the premises. Water damage to the roof of the building had resulted in the practice being unable to use a number of clinical rooms. Water leaks also regularly occurred in the administrative and public areas of the practice. The premises were managed by NHS property services and there was evidence of significant communication regarding these issues. Additionally the practice had reported these issues and the impact of these to the CQC, NHS England and the CCG.
- The practice had appropriately assessed the risks related to the ongoing premises issues. Where clinical sessions could not be provided within the health centre (where alternative rooms could not be offered by the centre management in the building), additional clinical sessions were provided at the closest practice within the group.
- There were comprehensive risk assessments in relation to other safety issues. The practice had undertaken safety reviews and risk assessments for the premises which covered a range of areas; including access and general health and safety.
- A fire risk assessment had been undertaken for the area of the premises used by the practice.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services safe?

- Comprehensive systems had been introduced across the group to enable events to be investigated and reviewed when things went wrong. Significant events across all locations in the practice group were logged and recorded centrally by the business manager. The system for logging events enabled these to be reviewed and tracked to ensure any required actions were undertaken in a timely manner. As all events from across the four practices were recorded, learning could be easily shared between practices.
- The practice group learned and shared lessons; identified themes at a local and took action to improve safety in the practice. For example, following an issue connected to telephone access, the practice had liaised with the telephone providers to have the telephone system reprogrammed to ensure the needs of patients were met.
- There was an effective system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. As well as alerts being shared with all relevant staff, all alerts and actions taken were logged centrally. Summaries of recent alerts were added to the noticeboard of the clinical system.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in May 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of the following areas were not adequate:

- There was limited evidence that the practice was making GPs and nursing staff aware of guidance such as that issued by NICE
- Most staff had not received recent appraisals.
- There were gaps in training which the practice had identified as mandatory for a number of staff.
- There was no system of clinical supervision in place for nurses working in advanced roles such as prescribing
- The healthcare assistant did not receive any supervision and there was no evidence their practice had been observed by a clinician.

These arrangements had improved when we undertook a follow up inspection in February and March 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had implemented systems to keep clinicians up to date with current evidence-based practice. Across the practice group all clinical staff had been required to ensure they were signed up to receive updates; in addition updates were circulated by the business manager or by one of the partners. Templates on the clinical system were updated centrally.

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for an annual health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Published QOF results for 2016/17 showed that the practice had achieved 74% of available points for indicators related to diabetes. This was 8% below the CCG average and 17% below the national average. The QOF results for 2016/17 related to the period when the practice had been experiencing significant clinical challenges and the practice leadership team had identified diabetes control as an area for improvement.
- Following the inspection, the practice provided QOF data for 2017/18 which demonstrated that diabetes control was improving; this showed an achievement of 80% for diabetes indicators for 2017/18. This data had not yet been externally verified.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 70%, which was in line with the CCG average of 72% and the national average of 72% but below the 80% coverage target for the national screening programme. The practice proactively followed up patients failing to attend for cervical screening and there was information displayed to encourage attendance.
- The practice's uptake for breast and bowel cancer screening was below local and national averages; the uptake for breast cancer screening was 63% compared with the CCG average of 69% and the national average of 70%; the uptake rate for bowel cancer screening was 47% compared with the CCG average of 53% and the national average 55%.
- There was evidence that the practice regularly reviewed their performance in relation to cancer screening uptakes and had information available within the practice to encourage patient participation in national screening programmes. Additionally, the practice explained that they had held this contract for under two years and it was taking time to impact positively on screening rate coverage.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- A total of 16 patients with a learning disability had had a health check in the last 12 months; this was a significant

increase from seven undertaken at the last inspection. The practice was in the process of working with the learning disability community nurses to review their registers and ensure all patients were accurately coded.

People experiencing poor mental health (including people with dementia):

- QOF results showed that 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 9% below the local average and 7% below the national average. Data provided by the practice for 2017/18 demonstrated that 89% of patients with dementia had their care reviewed in a face to face meeting in the previous 12 months; this data had not yet been externally verified.
- 72% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 16% below the local average and 18% below the national average. Data provided by the practice for 2017/18 demonstrated that this had improved to 90%; this data had not yet been externally verified.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. Data provided by the practice showed that 75% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice group had a programme of quality improvement activity in place and routinely reviewed the effectiveness and appropriateness of the care provided.

Quality improvement activities undertaken across the group included:

- Referrals to gastroenterology had been audited; the audit demonstrated a high number of unnecessary referrals. A repeat audit showed a reduction in the number of referrals.
- An audit was undertaken to review the quality of referrals and a new referrals process developed as a result.

Are services effective?

(for example, treatment is effective)

- An audit of the incidence and management of depression and anxiety was undertaken across the group. This showed that more patients were receiving antidepressants than the number which were coded as having depression and or anxiety. Three actions were suggested as part of the audit including recommendations for improvements to clinical coding. The audit had not yet been repeated.

The most recently published QOF results demonstrated that the practice had achieved 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 13% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Data provided by the practice following the inspection visit demonstrated that the practice had increased their achievement to 95% for 2017/18; these results had not yet been externally verified.

Effective staffing

Significant improvements had been made in respect of the support and training for staff. There was evidence that staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and coaching and mentoring. The newly recruited business manager and newly recruited practice manager had ensured that appraisals had been undertaken in the last 12 months for those staff who required them and newly recruited staff had been provided with training and development plans.

- Nurse meetings were taking place across the practice group and plans were in place to extend these to provide nurses and healthcare assistants with enhanced clinical supervision.
- The healthcare assistant and practice nurse had regular clinical supervision sessions. These covered a range of topics including wound care and sepsis.
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Regular multi-disciplinary meetings were held bringing together clinical staff from across the four registered practice group locations along with a range of community based health and social care staff.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our previous inspection in May 2017, we rated the practice as requires improvement for providing caring services due to below average patient satisfaction levels and a low number of carers identified.

The practice is still rated as requires improvement for providing caring services.

Kindness, respect and compassion

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Staff demonstrating an understanding of patients' personal, cultural, social and religious needs.
- The practice provided patients with timely support and information.
- If patients wanted to discuss something sensitive or appeared distressed in the waiting areas, reception staff offered to speak with them privately to discuss their needs.
- We received eight completed Care Quality Commission comment cards; the majority of these were entirely positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. A total of 383 surveys were sent out and 84 were returned. This represented a response rate of 22% and was equivalent to about 2% of the practice population. The practice was generally below local and national averages for its satisfaction scores on consultations with GPs but above average for nurses. For example:

- 66% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 76% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 60% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.

- 97% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 91%.

The practice was aware of the results of the survey and discussed that the survey results had been published in July 2017 following a survey in January 2017 which predated the previous inspection in May 2017. The practice leadership team explained that the previous GPs who provided most of the care at the time of the previous survey had left the practice. The practice planned to undertake their own survey across the practice group in the near future and provided copies of the draft survey.

The National GP patient survey results reflected in this report are the same set of 2017 results recorded in the previous comprehensive inspection report; therefore it is not yet possible to reflect positive impact of changes made through patient survey results.

Following the inspection, the practice undertook a survey of patients which demonstrated that the majority of patients reflected positively on the care and treatment they received from the practice.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. There was information available to inform patients this service was available.
- Staff communicated with patients in a way that they could understand. There were communication aids and easy read materials available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Carers were encouraged to identify themselves at

Are services caring?

the point of registration and there was practice specific information for carers available in the waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers; this was equivalent to approximately 0.8% of the practice list. This had marginally increased from 34 at the last inspection. New information had been developed for carers and was available in the reception area.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with regards to nursing staff but less positively in respect of GPs. Results were below local and national averages for GPs and above local and national averages for nurses:

- 66% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 64% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 94% of patients who responded 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%.

- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

The practice was aware of the results of the survey and discussed that the survey results had been published in July 2017 following a survey in January 2017 which predated the previous inspection in May 2017. The practice leadership team explained that the previous GPs who provided most of the care at the time of the previous survey had left the practice. The practice planned to undertake their own survey across the practice group in the near future and provided copies of the draft survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Due to the layout of the reception area and the fact that it was shared with other health centre services, there was a risk conversations with receptionists could be overheard by patients in the waiting room however reception staff were aware of this and offered to speak with patients away from the reception area if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in May 2017, we rated the practice as inadequate for providing responsive services. This was due to availability of GP appointments and issues regarding the complaints system.

These arrangements had improved when we undertook a follow up inspection in March 2018. The practice is now rated as requires improvement for providing responsive services as improvements need to be embedded to ensure improved patient feedback.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example:

- Although extended hours services were not provided from this location due to premises restrictions, patients could access extended hours appointments at other locations within the group. The websites for all four locations of the practice group had recently been updated and integrated to provide clearer information about how to access appointments at other practices within the group. This included the provision of evening and weekend appointments.
- A clinical telephone triage system was operated on a daily basis to ensure patients who needed an appointment were provided with one.
- The appointment system had been reviewed in response to the inspection in May 2017 and improvements made with additional clinical capacity being provided at this location. This had generated additional appointments and staff were positive about the impact of this.
- Online services were provided including repeat prescription requests and the advanced booking of appointments.
- The practice had faced significant issues with the premises which were beyond their control; this had resulted in a number of clinical rooms being out of use. In response to this the practice had provided clinical

sessions for patients of this practice at the closest location within the group. Patients were made aware of this change when booking appointments and information was displayed on the website.

- Consulting rooms were situated on the ground floor and there was level access to the premises.
- The practice had been involved in securing funding for a rebuild of the premises to ensure these were fit for purpose and met the needs of patients.
- A range of services were offered across the practice group to reduce the need for patients to travel to access services. These included minor surgery, travel vaccinations, phlebotomy and spirometry services.
- Patients could access family planning services (including long acting reversible contraception) at another practice in the group with a regular clinic being held.
- The practice used text messaging for appointment reminders and to recall patients for reviews.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Services were provided to a number of local care homes with regular planned visits undertaken.
- The community based falls and bones held regular clinics at the practice.

People with long-term conditions:

- Patients with a long-term condition were offered regular reviews to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with community based health and social care staff to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

Are services responsive to people's needs?

(for example, to feedback?)

- All parents or guardians calling with concerns about children were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, a daily telephone triage service was operated from the practice and patients could access extended opening hours and weekend appointments at other locations within the practice group.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. Longer appointments were provided for patients who required them.

People experiencing poor mental health (including people with dementia):

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia. The lead GP for the practice group had significant experience of working with patients experiencing poor mental health.
- The practice held GP led mental health and dementia clinics. Patients who failed to attend were proactively followed up.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients generally had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. A clinical triage system was

operated on a daily basis across all four locations within the practice group. Where appointments were not available at a patient's local practice, they had the option of accessing an appointment at another practice.

Comment cards and observations on the day generally indicated patients could access appointments when they needed them. Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. A total of 383 surveys were sent out and 84 were returned. This represented a response rate of 22% and was equivalent to about 2% of the practice population.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 50% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 71%.
- 75% of patients who responded 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 average of 84%.
- 65% of patients who responded said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 51% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

The practice was aware of the areas where performance in the survey was below local or national averages. The practice discussed that the survey results, published in July 2017, reflected experiences of patients in January 2017. Following the inspections in May 2017, clinical capacity had been increased and a review of the appointments system undertaken. Appointment audits demonstrated increased clinical appointment availability. In addition, following the inspection in May 2017, a new telephone system had been introduced to improve telephone access.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was planning to undertake their own survey in the near future and provided us with copies of the draft document. The business manager told us they were aiming to get 400 responses to the survey.

The results included in this report are the same results as were included in the previous comprehensive inspection report; therefore, it not yet possible to evidence the impact of changes through improvements in national GP patient survey results.

Following the inspection visit, the practice undertook a survey of patients. The results showed that the majority of patients were positive about access to appointments.

Listening and learning from concerns and complaints

The arrangements for handling and responding to complaints had been significantly improved. Complaints and concerns were taken seriously and evidence indicated the practice responded to them appropriately to improve the quality of care. There was evidence of the practice manager, business manager and the advanced nurse practitioner partner meeting with patients or their families who wished to make a complaint or to discuss a concern.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed a range of complaints received in the last year from across the practice group. We found that these were satisfactorily handled in a timely way.
- Significant improvements had been made to the systems in place to enable complaints to be recorded and logged. As well as learning lessons from individual concerns and complaints at a local level all complaints were centrally recorded and tracked to ensure learning could be shared across the wider practice. Trends were also analysed at a location and group level. We saw evidence of action taken in response to complaints; for example, at this location a patient had raised a complaint about the attitude of a member of staff. A meeting was held with the patient and apologies offered; the issues raised were discussed with the staff member in question and staff were reminded about being mindful of how they interacted with patients during busy and stressful times.

Are services well-led?

Good 

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

Our findings

At our previous inspection in May 2017, we rated the practice as inadequate for providing well-led services as governance systems were not being operated effectively. This was due to issues identified in the following areas:

- **Systems for ensuring staff received training appropriate to their role**
- **Systems to identify, monitor and mitigate risk**
- **Systems to monitor and improve the quality of services**

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service in December 2017.

During this inspection we found that improvements had been sustained and further improvements made. We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. The practice group had significantly invested in leadership across the organisation. They had recruited an experienced business manager to provide oversight, operational and strategic management across the practice group. Other management appointments made across the practice group had increased stability. This included a dedicated practice manager responsible for operational management at the Strelley Health Centre; staff were very positive about the support they received from the management team and in particular the practice based manager.
- The leadership team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Issues had been identified at this location related to the historic provision of clinical care; the leadership team were open with patients about this and information was shared on the website.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. As well as attending practice group meetings, meetings were also held for staff based at this location to provide support and discuss local issues.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice group.
- There were plans in place to recruit additional partners and following our inspection visit we were informed the practice were in the process of finalising the recruitment of a new GP partner.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care for the patients of this practice.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities; for this location these focussed on ensuring that the premises were fit for purpose and that patients were provided with effective and safe clinical care. The group business manager was providing clear direction and had focussed on ensuring areas identified as requiring improvement had been addressed. The appointment of a practice based manager had ensured that there was effective day to day operational management and support within the practice.
- There were plans in place to rebuild the practice premises and the practice had been involved in securing funding for this.
- Staff were aware of and understood the values of the practice and the plans for the future development of the practice locally and the wider practice group.
- The practice's plans and strategy were in line with health and social priorities across the region. The practice group planned their services to meet the needs of the local population.

Culture

The practice promoted a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. Staff were positive about the improvements in the culture since the last inspection and praised the impact

Are services well-led?

Good 

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

of the business manager and the practice manager. Nursing staff were positive about the impact of the nurse quality lead role which had been created spanning the group of practices.

- Practice staff told us they were focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There was evidence of meetings with patients in response to complaints and concerns. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and had opportunities to do this.
- Processes for providing all staff with the development they needed had been significantly improved. This included effective appraisal and career development conversations. All staff received regular annual appraisals or had been issued with bespoke training plans in the last year. There was an effective system in place across the practice group to enable the recording of training and to identify when refresher training was due.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. A nurse lead role had been implemented across the practice group and all nursing staff were now given the opportunity to come together on a monthly basis across the groups. This had led to standardisation of processes and dedicated administrative time being put in place for nurses. It was planned to develop these meetings to facilitate further clinical supervision for nurses. They were given protected time for professional development and evaluation of their clinical work. Nursing staff told us they felt part of a larger nursing team.
- The practice actively equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were generally positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There were effective arrangements in place to facilitate the governance and management of patients being managed in conjunction with community based staff and secondary care; these promoted person-centred care.
- A new leadership structure for the practice had been implemented with the partners and the business manager having clear areas of responsibility and accountability from a clinical and management perspective. A lead nurse role had been introduced bringing the nursing team together across the practice group. The practice had a dedicated manager reporting to the business manager.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Since the inspection in May 2017, there had been significant improvements to ensure that the establishment of proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All locations were now using the same policies, procedures and protocols.
- Work was ongoing to standardise operating procedures across the practice group; for example, all arrangements to respond to emergencies had been standardised across all practices within the group.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Regular, documented, reviews of health and safety issues were undertaken within the practice. Areas for improvement had been addressed including the fire risk for the specific areas of the premises where the practice provided services.
- The practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

Good 

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

staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

- Audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. However, some improvements were still required to ensure all tasks within the clinical system were being managed and closed appropriately. The processes in relation to this were being reviewed by the business processes facilitator.
- Some issues had been identified across the practice with regards to clinical coding; the practice had employed an experienced member of staff to review records and identify areas for improvement.

- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group which operated across the wider practice group.
- Following the identification of clinical issues which were reported to the GMC and NHS England; the practice had held a public meeting to provide patients with more information and to answer any questions. This was supported by the local police service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement within the practice. The practice group had created a role for a business processes facilitator to review protocols and processes across the practice group and to ensure these were standardised and streamlined.
- The business manager was working with the nurse lead to implement more formalised clinical supervision for the nursing team.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.