

The Practice St Albans

Quality Report

Hucknall Lane
Nottingham
Nottinghamshire
NG6 8AQ
Tel: 0115 927 3444
Website: www.thepracticeplc.com

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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice St Albans on 25 April 2016. Overall the practice is rated as requires improvement.

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

- The provider had an online reporting system which enabled staff to report and record significant events, incidents and near misses. Opportunities for learning from internal incidents were maximised.
- The overall risks to patients were assessed and well managed, with improvements required to ensure the security of prescriptions.
- Additional staff had recently been recruited to mitigate the challenges in recruiting GPs in the local area. This included a pharmacist and an advanced nurse practitioner.
- Staff were supported with induction and training to develop their professional skills and experience.

- Staff used best practice guidance to assess patients' needs and plan their care. However, data reviewed showed most patient outcomes were marginally in line with or lower than the local and national averages.
- Clinical audits were carried out and we saw evidence of improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- We received mixed views regarding the appointment system. Some patients said they did not always find it easy to access the practice by telephone especially in the morning and they sometimes had to wait a "long time" for non-urgent appointments.
- The practice had undertaken two projects to address the challenges associated with access to GP

Summary of findings

appointments. Some of the positive outcomes achieved for patients included increased GP appointments and reduced numbers of patients not attending appointments.

- Information about services and how to complain was available and easy to understand.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Most staff were clear about the practice vision and their responsibilities in relation to it.
- The arrangements for clinical governance and performance did not always operate effectively and some incidents notifiable to the Care Quality Commission had not been reported as required by law.
- The patient participation group was active, although patients we spoke with were not aware of this group.

The areas where the provider must make improvements are:

- Ensure all notifiable incidents are reported in a timely manner to the Care Quality Commission.
- Take more proactive steps to ensure patients with a learning disability receive an annual health check.

- Ensure the system in place to scan and review correspondence is effective and has clinical oversight.
- Continue taking steps to identify improvements in the delivery of clinical care and patient outcomes.

In addition the provider should:

- Improve security for the issue and tracking of blank prescription forms.
- Improve the membership and visibility of the patient participation group within the practice.
- Improve telephone access and the availability of non-urgent GP appointments.
- Take more proactive steps to promote the identification and review of carers health needs.
- Consider the low patient satisfaction results in respect of GP consultations and identify improvement areas.
- Ensure there is sufficient leadership capacity to deliver all improvements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The provider had an online reporting system named “connect” which enabled staff to report and record significant events and incidents. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared to ensure action was taken to improve safety within the practice.
- The practice had systems and processes in place to keep patients safe and safeguarded from abuse. This included undertaking appropriate recruitment checks, health and safety risk assessments and having procedures in place for dealing with medical emergencies.
- Medicines were mostly well managed, although staff needed to ensure the security of prescriptions that were kept in printers and serial numbers were not always recorded as an audit trail of their distribution and use.
- An infection control lead had recently been appointed and plans were in place to review the systems in place for infection control.
- The staffing levels and skill mix of clinical staff had been increased to ensure there was sufficient staff to keep patients safe.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Some patients' needs had been assessed and delivered in line with current evidence based guidance. This included improved access to appropriate health checks and screening for people with long term conditions and of working age.
- However, only two out of 44 people with learning disability had received an annual health check in 2015/16.
- Data from the Quality and Outcomes Framework (QOF) showed most of the patient outcomes were marginally below or in line with the local and national averages. Lower values were achieved for long term conditions such as chronic obstructive pulmonary disease, chronic kidney disease, hypertension and depression.

Summary of findings

- We found information needed to plan and deliver patients' care was not always accessible through the practice's computer system and this was addressed following our inspection.
- Clinical audits were used to drive improvements in patient outcomes.
- The practice had systems in place to support staff with their professional development. This included an induction and training programme, as well as an appraisal system and personal development plans for staff where applicable.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- The majority of patients gave positive feedback about the service experienced. They told us staff were caring and treated them with dignity and respect. However, a few of the comment cards showed patients did not always feel listened to and involved in making decisions about their care.
- The January 2016 national GP patient survey results showed patients rated the practice lower than others for some aspects of care. For example, 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%.
- The practice had identified 1% of the practice patient list size as carers. We found proactive measures were needed to identify more carers and provide support by the way of regular health reviews.
- There was information available to help patients understand the services available to them.

Requires improvement



Are services responsive to people's needs?

- Some of the patient feedback we received showed people did not always find it easy to access a GP appointment quickly and they experienced long waiting times to be answered on the telephone. This feedback was aligned with the comments made on the NHS choices website and the national GP patient survey results.
- For example, 60% of the respondents to the national GP survey described their experience of making an appointment as good compared to the local average of 74% and national average of 73%.

Requires improvement



Summary of findings

- The practice recognised these challenges and had implemented two projects to evaluate the appointment system and make improvements to the way it delivered services. Although some improvements and positive outcomes had been achieved for patients, they were yet to be fully embedded.
- The practice had facilities to enable people with disabilities or those whose first language was not English to access the service.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Most staff were clear about the practice vision and their responsibilities in relation to it.
- However, our overall inspection findings and patient feedback showed the stated aims and objectives were not always achieved or embedded in practice. For example, the arrangements for clinical governance and performance did not always operate effectively and some incidents notifiable to the Care Quality Commission had not been reported as required by law.
- Feedback from patients showed the practice was not always responsive to their needs. Some patients felt the service had not been adequately managed to ensure they had ease of access to the service and others felt improvements had been made.
- There was a clear leadership structure and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on.
- The patient participation group was active, although patients we spoke with were not aware of this group.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. There were, however, examples of good practice.

- All patients aged 75 and over had a named GP; and two patients we spoke with confirmed this.
- The nationally reported data showed patient outcomes for conditions commonly found in older people were above local and national averages. This included osteoporosis, rheumatoid arthritis and heart failure.
- The practice reviewed the care needs of older people identified as being vulnerable, frail and / or at risk of admission to hospital with other health and social care professionals. This included the community matron and district nurses.
- Where possible, the practice offered home visits for older people that were house bound or had reduced mobility.

Requires improvement



People with long term conditions

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

- Patients told us that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Structured annual reviews had not always been undertaken to check that patients' health and care needs were being met. This was reflected in the practice's performance data for 2014/15 and 2015/16. However, improvements had been made to ensure the recall system was effective and additional clinical staff had been recruited to support the management of people with long term conditions.
- Indicators to measure the management of diabetes were lower than local and national averages. For example, performance for diabetes related indicators was 75% which was below the CCG average of 79% and the national average of 89%.
- The local specialist diabetic nurse attended the surgery on a regular basis for management of patients with complex needs.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with the most complex needs had a named GP who worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were, however, examples of good practice.

- The practice had a good working relationship with the health visiting team and safeguarding meetings were held at least every six to eight weeks.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and families in need. This included children and young people who had a high number of accident and emergency (A&E) attendances or at risk of abuse.
- The uptake rates for all standard childhood immunisations were comparable to the local and national averages. For example, immunisation rates for under two year olds ranged from 87.5% to 100% compared to the CCG averages from 91.1% to 96.3%.
- All children under the age of five were seen on the day if necessary and plans were in place for the advanced nurse practitioner to facilitate walk in clinics for children with minor illnesses after our inspection.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There were, however, examples of good practice.

- Patients could book appointments or order repeat prescriptions online.
- Telephone consultations were offered by a “remote GP” (GP working from home) for test and scan results, medicine reviews and providing general medical advice.
- Health promotion and screening programmes that reflected the needs of this group was promoted. This included NHS health checks and cancer screening programmes.
- The percentage of patients with hypertension having regular blood pressure tests was 71% which was below the local average of 83% and the national average of 84%. The practice had identified this as an improvement area and action was being taken to mitigate the risks.
- Patients had access to “Florence”, a telehealth system which allows for the monitoring of blood pressure readings at home, at work or at the practice.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living in vulnerable circumstances and this included 30 travellers and 44 patients with a learning disability.
- Annual health checks were offered to patients with a learning disability. However only two out of 44 of these checks had been completed. The practice was in liaison with the learning disability primary care liaison nurse and care home provider to ensure most of these patients received their health checks.
- There were arrangements to allow people with no fixed address to register or be seen at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were, however, examples of good practice.

The published data for 2014/15 data showed:

- 100% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 84% and the national average of 88%. However, practice supplied data for 2015/16 (and yet to be verified) showed the practice achievement had reduced from 100% to 85%.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG and the national averages of 84%. The 2015/16 data showed the practice had achieved 78%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- A system was in place to follow up patients including children who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- The practice had reviewed the care of some patients with a history of self-harm or suicide attempt with a neighbouring practice to share learning.
- Patients had access to information relating to various support groups and counselling services.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. A total of 366 survey forms were distributed and 117 were returned. This represented a 32% completion rate and 1.6% of the practice's patient list size. The main survey results are detailed below:

What this practice does best:

- 97% of respondents said the last appointment they got was convenient compared to the clinical commissioning group (CCG) and national averages of 92%.
- 74% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and a national average of 65%.
- 93% said the last nurse they saw or spoke to was good at listening to them compared to a CCG average of 92% and a national average of 91%.

What this practice could improve:

- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 78%.

- 59% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 83% and national average of 85%.
- 60% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mostly positive about the standard of care received; with less positive comments made in respect of telephone access, appointment booking and the availability and quality of consultations with some GPs.

We spoke with 13 patients during the inspection including a member of the patient participation group. Most patients said they were satisfied with the care they received after securing an appointment and thought staff were approachable, committed and caring. Most patients felt involved in the delivery of their care and treatment and described the environment as hygienic and welcoming.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all notifiable incidents are reported in a timely manner to the Care Quality Commission.
- Take more proactive steps to ensure patients with a learning disability receive an annual health check.
- Ensure the system in place to scan and review correspondence is effective and has clinical oversight.
- Continue taking steps to identify improvements in the delivery of clinical care and patient outcomes.

Action the service **SHOULD** take to improve

- Improve security for the issue and tracking of blank prescription forms.

- Improve the membership and visibility of the patient participation group within the practice.
- Improve telephone access and the availability of non-urgent GP appointments.
- Take more proactive steps to promote the identification and review of carers health needs.
- Consider the low patient satisfaction results in respect of GP consultations and identify improvement areas.
- Ensure there is sufficient leadership capacity to deliver all improvements.

The Practice St Albans

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Practice St Albans

The Practice St Albans is part of a wider group of 33 GP practices registered with the Care Quality Commission (CQC) under the service provider Chilvers & McCrea Limited (part of The Practice Group). The Practice St Albans comprises of a main location and a branch site. On our inspection day, we visited the location registered with the CQC.

- The registered address is: Hucknall Lane, Bulwell, Nottingham, NG6 8AQ.
- The branch site is referred to as The Practice Nirmala and is located at: 112 Pedmore Valley, Bestwood Park, Nottingham, NG5 5NN

The Practice St Albans merged with The Practice Nirmala in November 2014 following patient consultation and the proposed closure of Nirmala by NHS England. The combined patient list size is 7,547 and this had been stable within the last 12 months with a 1.1% overall growth rate. The Practice St Albans has a general medical services (GMS) contract for delivering primary care services to local communities.

Both surgeries are in areas of high deprivation above the national average. The practice is in the most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than other areas.

The clinical team comprises of:

- Three male GPs (a GP partner and two salaried GPs), and five regular GP locums.
- A pharmacist
- An advanced nurse practitioner, practice nurse, a health care assistant and a phlebotomist.

The clinical team is supported by a full time practice manager, an assistant practice manager, a clinical administrator and a team of secretarial, reception and administrative staff.

The practice opens at both sites from 8am to 6.30pm Monday to Friday except on Thursdays when it closes at 1.30pm. Appointments are available from 8.15am to 12.30pm and 2pm to 6.15pm on average. The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 April 2016.

During our visit we:

- Spoke with a range of staff including: the practice manager, reception/administrative staff, GPs, an advanced nurse practitioner, practice nurses, a healthcare assistant and phlebotomist.
- We spoke with patients who used the service including a member of the patient participation group; and observed how patients were being cared for.
- Reviewed personal care or treatment records of patients to corroborate our inspection findings.
- Reviewed 28 comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

The Practice St Albans is part of a wider group of 33 GP practices registered with the Care Quality Commission under the service provider Chilvers & McCrea Limited (The Practice Group). The provider had an online reporting system named “connect” which enabled staff to report and record significant events and incidents. Staff we spoke with had a good understanding of this process and told us they would inform the practice manager of any reportable incidents. The practice manager would escalate the incidents to the provider’s governance team which had oversight responsibilities for reviewing the information and making any recommendations.

Records reviewed showed 31 significant events had been recorded over the last 12 months. We reviewed five significant events in detail and found the identified risks were assessed and given a risk score based on consequences and likelihood of the incident happening again. The practice also carried out an analysis of the significant events and findings were discussed at staff meetings.

The action taken to address the unplanned events or unintended errors was documented on the form. For example, the practice reviewed its processes for managing controlled drugs following an incident where a prescription for a controlled drug was found to be missing. The controlled drugs accountable officer for NHS England, local pharmacies and GP practices were notified of the incident to minimise the risk of the controlled drugs being obtained illegally.

The practice had a system in place to receive and act on patient safety alerts and medicines and healthcare regulatory agency (MHRA) alerts. This included discussions in clinical meetings as well as reviewing policies and procedures. For example, the system in place to assess the urgency and need for a home visit had been reviewed in response to an alert where a patient’s death had been a result of not prioritising a home visit request.

Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe. For example:

- The practice had arrangements in place to safeguard children and vulnerable adults from abuse. We found

staff had received safeguarding training that was relevant to their role and had access to relevant policies to inform their duty of care to report concerns. Staff we spoke with knew how to recognise signs of abuse in children and vulnerable adults; as well as the lead GP for safeguarding. The lead GP for safeguarding had undertaken level three training for child safeguarding. Records reviewed showed regular meetings were held with the health visiting team to review children and families at risk of abuse or living in vulnerable circumstances.

- Patients had access to chaperones if required, for an intimate examination. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS
- We observed the premises to be visibly clean and tidy. Policies and procedures related to infection control were in place and staff had received training. Infection control audits were undertaken and action was taken / planned to address any improvements identified as a result. The practice had appointed the advanced nurse practitioner (ANP) as the infection control lead. The ANP had only been in post for six weeks and was in the process of reviewing the current arrangements in place for infection control; as well as establishing links with the local infection prevention teams to keep up to date with best practice. Arrangements were in place for Legionella testing; and this included monthly monitoring of the water systems by an external company. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines management

Most of the arrangements for managing medicines and vaccines in the practice kept patients safe. This included obtaining, prescribing, handling, storing, security and disposal of medicines. For example,

Are services safe?

- The practice carried out regular medicines audits with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure compliance with best practice guidelines for safe prescribing.
- The practice was also engaged with the Nottingham City CCG pharmacy first scheme. Pharmacy first aims to improve patient access to GP appointments by encouraging patients with certain minor ailments to use the pharmacy for treatment rather than making an appointment at the surgery. Information relating to this scheme was available to patients and staff had received relevant training to ensure patients were signposted appropriately.
- The practice had undertaken “Project STAN” in October 2015 to explore new ways of working and to improve patient safety and experience. An outcome from this project included recruiting a pharmacist who supported the GPs in dealing with medicine queries and reviews; as well as reviewing the prescribing of medicines.
- The ANP was qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- However, measures in place for the handling of blank prescriptions needed to be strengthened to ensure they were securely stored. This included keeping a record of serial numbers of pre-printed prescription stock and ensuring that prescription forms were not left in printers when the printer was left unattended or when the consulting room was not in use.

Monitoring risks to patients

The practice had procedures in place for monitoring and managing risks to patient and staff safety. This included a health and safety policy and service agreements that allowed for periodic review of equipment. For example,

- Portable appliance testing for electrical equipment and calibration for medical equipment had been completed in January 2016. This ensured equipment was safe to use and working properly.

- The fire alarm system and portable fire extinguishers had been inspected in January 2016; and recommendations made had been implemented.
- A fire risk assessment was in place and fire evacuation drills took place annually. For example, the most recent fire drills were carried out in April 2016 and May 2015.
- The practice had other risk assessments in place to monitor the safety of the premises for example, control of substances hazardous to health.

Staffing

The practice manager told us the recruitment of GPs had been a challenge for the surgery and some staff were open about the resulting impact this had on maintaining the smooth running of the practice.

The provider had recently recruited additional staff to increase the practice’s clinical capacity and meet patient demand. This included a pharmacist, the ANP, practice nurse, phlebotomist, health care assistant and a clinical administrator. Most of these staff had been recruited within the last four months and were still undertaking induction or had recently passed their probation period. Some patients acknowledged that some improvements had been made to staffing, although accessing GP appointments was sometimes a challenge.

The nursing staff complimented the GP team which comprised of a GP partner, two salaried GPs and five regular GP locums. The patient list size was 7 547 at the time of our inspection and some of the staff worked across the practice’s two sites. The practice used a rota system for planning and monitoring the number and skill mix of staff to meet patients’ needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- 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 also 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly explain how they assessed patient's needs in line with relevant and current evidence based guidance. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and use of assessment templates within the patient clinical system.

Staff told us changes in NICE guidance were discussed at regular practice meetings to ensure all clinical staff were kept up to date. This was reflected in the meeting minutes we reviewed. Clinical meetings were held at least fortnightly and agenda items included discussions on referrals, prescribing data, NICE guidance and the practice performance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results showed the practice had achieved 88% of the total number of points available. This was marginally below the clinical commissioning group (CCG) average of 91% and the national average of 95%.

The practice had an exception reporting rate of 8.6% which was in line with the CCG average of 8.9% and the national average of 9.2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 75% which was below the CCG average of 79% and the national average of 89%. Exception reporting for diabetes related indicators was 8% which was marginally below the CCG average of 10% and the national average of 11%.
- The percentage of patients with hypertension having regular blood pressure tests was 71% which was below the CCG average of 83% and the national average of 84%.

- Performance for mental health related indicators was 96% which was above the CCG average of 89% and the national average of 93%. Exception reporting for mental health related indicators was 7.2% which was below the CCG average of 10.5% and the national average of 11%.
- 100% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 84% and the national average of 88%.
- Performance for dementia related indicators was 77% which was below the CCG average of 89% and the national average of 95%. Exception reporting for dementia related indicators was 5% which was below the CCG average of 8.5% and the national average of 8.3%.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG and the national average of 84%.

Practice supplied data for 2015/16 showed the overall QOF achievement for the practice was 84.2% and this was marginally lower than the 2014/15 achievement. This data was yet to be verified and published. The practice had identified improving QOF outcomes including diabetes clinical indicators as a focus area for 2016/17 as a stable clinical team was now in place. Improvements were also being made to ensure the recall system for inviting patients for their reviews was effective and robust.

There was evidence of clinical audit.

- We were shown four clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. For example, the initial audit identified 50 patients with atrial fibrillation on antiplatelet medicine such as aspirin; and assessed their need for anti-coagulation medicines. Patients suitable for anti-coagulation medicines were started on the assessed dosage. The second audit cycle showed 36 patients were not on anticoagulation medicines; and were at high risk of bleeding from anti-coagulation or had a very low stroke risk.

Are services effective?

(for example, treatment is effective)

- The practice participated in peer review with other local practices and reviews commissioned by the CCG. This covered areas such as chronic kidney disease register and patients at risk of self-harm.
- The practice also used benchmarking data to review its performance with other practices within the CCG.

Effective staffing

There were systems in place to support staff improve their skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered topics such as information governance, safeguarding, health, safe and welfare, equality and diversity. Staff were also provided with a health and safety handbook which included information on fire safety, manual handling and accidents.
- Most of the nursing staff we spoke with reported their induction was good overall, and where concerns had been raised this had been addressed with input from the practice manager or regional nurse.
- Some of the recently recruited clinical staff told us they had either shadowed locum staff or colleagues in other practices registered to the provider. A few staff felt they had been “thrown in the deep end” as there was a lack of nursing team when they started; however had managed to establish a good working team.
- The performance of new staff was being assessed through supervision and on the job training to ensure they were skilled and competent to undertake their role.
- The practice could demonstrate how they ensured role-specific training for relevant staff. This included staff attending refresher training for courses considered mandatory by the provider and / or relevant to patients with long-term conditions.
- Non clinical staff told us they had access to appropriate training and support to meet their learning needs and to cover the scope of their work. This included protected learning time, access to e-learning and face to face training and supervision.
- We saw evidence of appraisals and reviews of practice development needs for non-clinical staff. Most of the clinical staff had not received annual appraisals as they had been at the practice for less than a year.
- We however found the permanent GPs had not always received regular and consistent clinical support in 2015/2016. This was a concern for us as this was the period in which the practice had challenges in recruiting additional GPs and the clinical team was not stable. A regional clinical lead had recently been appointed and plans were in place to provide GPs with support including appraisals.

Coordinating patient care and information sharing

Staff could access most of the information they needed to plan and deliver care through the practice’s computer system. This included medical records and care plans. However, we found 132 test results and 664 letters were waiting scanning and filing in the patients’ electronic records; and some of this information dated back to 14 March 2016.

While GPs told us they had reviewed this information and taken appropriate action, we were concerned that this information would not be easily accessible to other clinicians; when patients attended appointments. This was raised with the practice manager on the inspection day and we received assurances this information had now been scanned post the inspection. The practice had also updated the procedure for the processing of mail and discussed it with staff.

Meetings took place with other health care professionals on a monthly basis and the multi-disciplinary team worked together to assess and plan ongoing care and treatment for patients. This included district nurses, the community matron, palliative care nurse, community specialist nurses and social services. Care plans were routinely reviewed and updated for patients with complex needs.

The practice staff utilised the local care delivery group co-ordination service to deliver early intervention and treatment for patients. The service provides a central point of contact for health and social care professionals within the eight Nottingham City Care Delivery Groups (CDG) and helps those who need medical and/or nursing care in their own homes due to long term chronic disease or as a result of serious ill health.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005; and had received training in this area.
- 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 an assessment of capacity was undertaken and the outcome recorded.

Supporting patients to live healthier lives

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

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

Improvements had been made to ensure patients had access to appropriate health assessments and checks through the recruitment of additional nursing staff, a healthcare assistant and a phlebotomist. The practice offered health checks for new patients and NHS health checks for patients aged 40–74. For example, 141 health checks had been undertaken since the health check scheme was started and 63 since the start of the year.

The 2014/5 Public Health England data showed most of the practice's cancer screening rates were mostly in line with the CCG and national averages. For example:

- 81% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 70% and national average of 72%.

- 80% of females aged between 25 and 64 years had a record of cervical screening within the last five years compared to a CCG average of 81% and national average of 82%.
- 50% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 54% and national average of 58%.

Childhood immunisation rates were comparable to the CCG averages. For example, immunisation rates for the vaccinations given to:

- under two year olds ranged from 87.5% to 100% compared to the CCG averages from 91.1% to 96.3%.
- five year olds ranged from 77% to 94.3% compared to CCG averages from 86.9% to 95.4%.

We however found that only two out of 44 patients with learning disabilities had received an annual health check and review in 2015/16. We were concerned about this as the Royal College of GPs made patients with a learning disability a clinical priority from 2010-2012 in recognition that people with a learning disability are not getting equal access to healthcare. Regular health checks are essential to ensure there are no changes to the health of patients with learning disabilities as the confidential inquiry into the premature deaths of patients with learning disabilities identified that this group of patients experienced poorer health and died younger than others.

The practice acknowledged improvements could be made and staff had taken proactive steps to liaise with the learning disability primary care liaison nurse and care home provider to improve these patients' access to annual health checks and reviews.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Feedback received from the patients we spoke with was mostly positive. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Staff were complimented for being friendly, helpful and respectful.

However, we received mixed feedback from 28 patients who completed the Care Quality Commission comment cards about the service experienced. For example:

- 11 comment cards were wholly positive and patients described the practice as offering an excellent service. Patients praised the compassionate treatment received from the practice staff following ill health, diagnosis of a long term condition and specific care received from a named doctor.
- 14 comment cards contained mixed views, with most patients describing the service as good when an appointment had been secured. Patients stated staff were polite, helpful and caring.
- Three comment cards were wholly negative.

The overall patient feedback we received was aligned with the January 2016 GP patient survey results which showed most patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and interactions with reception staff. For example:

- 77% of patients said the GP gave them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 81% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. The practice had scheduled customer care training for staff.

Satisfaction scores on consultations with nurses were in line with the local and national averages.

- 92% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 93% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 94% and the national average of 95%.

We observed throughout the inspection that staff were very polite and helpful towards patients both at the reception desk and on the telephone. The waiting area was situated far enough away from the reception desk to ensure confidentiality was managed. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with told us their health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

This was aligned with the patient feedback noted on most of the comment cards we received. Three comment cards were wholly negative and described the service as not being good "over the past few months". Patients commented they felt rushed and not listened to by the GPs during their appointments.

Results from the national GP patient survey showed most patients responded positively to questions about their

Are services caring?

involvement in planning and making decisions about their care and treatment. However, most of the results relating to GP consultations were marginally lower than the local and national averages. For example:

- 73% 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%.
- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national averages of 86%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

Patients who did not have English as a first language had access to translation services to help them be involved in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The survey results were below local and national averages.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 97%.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access and self-refer to a number of support groups and organisations. This included services for people experiencing poor mental health and bereavement.

Practice staff used social prescriptions' to signpost patients to clubs and meeting groups in the local area; as well as the care co-ordination service provided by Nottingham CityCare. This service is a central hub for referral and management of patients to a variety of services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers which represented about 1% of the practice population. Telephone contact had been made with the carers prior to our inspection to try and offer support and / or review their care. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and referrals were made for bereavement counselling where needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its practice population and undertaken a number of initiatives to secure improvements to services. This included improving patients' experience of accessing GP appointments. For example, "Project STAN" was initiated in October 2015 with the following stated objectives: to reduce GP workload, increase clinical and operational efficiencies in the practice and improve patient experience (specifically the appointment system). Records reviewed showed the following positive outcomes were achieved for patients:

- Recruitment of clinical staff with different skill mix to ensure patients had access to additional clinical appointments. This included specialist staff such as a pharmacist and an advance nurse practitioner (ANP). GPs we spoke with told us this had reduced their workload and enabled them to focus on the care of patients with complex long term conditions. For example, the ANP's consultations had included 463 patients including 212 children since her start date of 14 March 2016.
- The practice had recorded a growth rate of 3.5% in the total number of booked appointments between February and April 2016 compared to the same period in 2015.
- An additional 185 appointments had been offered since the introduction of the project.
- The "do not attend" (DNA) rate for appointments had reduced from 7.6% to 6.1% within the six months of the project being implemented.
- The provider had plans to implement the project based approach to its other practices.
- Walk-in clinics were trialled as a result of a high demand for minor illness appointments for children and adults. The trial clinics were held over a two week period on a Monday and Friday (12pm to 4pm); and a total of 81 patients were seen over four sessions. Plans were in place to resume the walk-in clinics post our inspection with the ANP taking the lead.

Project "Ollie" is an additional project that evolved from "STAN" due to difficulties in recruiting GP's in the

Nottingham area. The project involved patients being offered telephone consultations by GPs working from home. The current service provision involves two GPs offering the following services:

- 12 appointments per day with plans to increase this to 20 appointments.
- The scope of their work included dealing with test results, providing general medical advice, medicine reviews and the reviews of people with long term conditions who don't require a face to face appointment. A recent audit demonstrated the majority of appointments were being utilised for blood results, medicine reviews and scan results.

Other services offered included:

- Chronic disease management, use of Florence telehealth service for monitoring blood pressure readings and phlebotomy.
- The practice hosted an acupuncture service and the local diabetes specialist nurse facilitated a clinic each week to see patients with complex needs. This enabled patients to access care closer to home.
- Patients could access family planning services and travel vaccinations.
- The premises at both The Practice St Albans and The Practice Nirmala (branch site) were accessible for patients with a disability and there was a hearing loop available.
- There were longer appointments available for patients with complex and / or multiple health needs as well as patients from the traveller's community.
- Where possible, home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. GPs could also refer to the acute visiting service when they believed that delaying an urgent home visit might result in the patient going to accident and emergency, calling 999 or being admitted to hospital. This service was available from 8.30am to 5.30pm, Monday to Friday, excluding bank holidays, with a 5.30pm deadline for accepting the last referral.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

Both St Albans Surgery and Nirmala Surgery were open between 8am and 6.30pm Monday to Friday except on Thursday when the practice is open between 8am and 1.30pm. Appointments are available from 8.15am to 12.30pm and 2pm to 6.15pm on average.

Some of the people that we spoke with told us accessing a GP appointment was a challenge for them and felt improvements were required. For example, some patients told us they usually:

- queued from 7.30am outside the surgery to try and obtain an appointment within that same week.

We saw the queues prior to the start of our inspection and patients said this happened on some days. Our review of the appointment system showed the next routine GP appointment was available on Wednesday 4 May 2016 and the next nurse appointment was available on 26 April 2016.

- experienced long waiting times for the telephone to be answered by staff particularly between 8am and 9am; and a same day appointment for urgent medical needs was not always guaranteed.

Practice staff told us same day appointments were available for children under five and those patients with medical problems that require same day consultation. The practice also acknowledged the limited improvements that could be made in respect of telephone access as their current contract only allowed patient phone calls to be answered from two phone lines at the reception desk. We were told a separate phone system was in operation at Nirmala Surgery.

- Some patients told us there was not always enough nursing staff and GP appointments; and they had to wait a long time to see the GP of their choice. This was also reflected in comments made on the NHS choices website in 2015/16 and the national GP patient survey results published in January 2016. For example, 48% of respondents said they usually get to see or speak to their preferred GP compared to a CCG and national average of 59%. Some patients acknowledged improvements made to staffing, although accessing GP appointments was sometimes a challenge for them.

Patient feedback was aligned with some of the comment cards received and the national GP patient survey results. The GP survey results showed mixed patient views regarding the appointment system. For example:

- 97% said the last appointment they got was convenient compared to the clinical commissioning group (CCG) and national averages of 92%.
- 74% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and a national average of 65%.
- 69% felt they don't normally have to wait too long to be seen compared to the CCG average of 54% and national average of 58%.

However, some of the survey results showed areas the practice could improve on and this included telephone access, opening hours, and overall experience of the practice. For example:

- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 66% of respondents were satisfied with the surgery's opening hours to a CCG average of 77% and a national average of 75%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 60% described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.

The CCG benchmarking data as at 25 April 2016 also showed the practice had the second lowest patient satisfaction with telephone access and fourth lowest satisfaction for opening hours; when compared to 56 other GP practices.

The management of the practice acknowledged the telephone access and the appointment system were areas for continued development and hoped the outcomes achieved from implementing Project Stan and Ollie would be embedded over time and improve the patient experience.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for receiving, handling and responding to complaints and concerns. For example:

- A complaints policy and procedures were in place to ensure all complaints were considered, acted on and an appropriate response was provided to the complainant.
- The practice manager was the designated responsible person who handled all complaints in the practice. The provider (support centre staff) reviewed the response letters prior to them being sent out to complainants.
- Information to help patients understand the complaints system was available. For example, the practice had a complaints leaflet with details on how to complain and

this was available on reception. Posters and leaflets were available in the waiting area which informed patients how to make a complaint. Information was also advertised on the practice website.

The practice had received 19 complaints in the last twelve months. We reviewed four complaints in detail and found the practice manager sent an acknowledgement letter on receipt of the complaint, carried out an investigation and provided the complainants with explanations and apologies where appropriate.

Most of the complaints related to difficulties in accessing GP appointments and the practice had taken action to improve the quality of care. The improvement was reflected in the decrease of complaints made. For example, only one complaint had been received following the implementation of "Project STAN and OLLIE" compared to 14 complaints received in the previous six months.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to provide a high standard of medical care and promote good outcomes for patients but evidence and feedback from patients indicated they were not always successful in achieving their vision.

There was a statement of purpose which detailed the aims and objectives of the practice and the provider Chilvers & McCrea Limited (The Practice Group). Some of the stated aims included treating patients with dignity and respect; educating and developing staff; and multi-disciplinary working with other professionals. Most of the staff we spoke with knew and understood the values.

However, we found the stated aims and objectives were not always implemented and reflected in our inspection findings and patient feedback. For example,

- the systems for clinical governance and performance did not always operate effectively and as a result some clinical outcomes were lower than the local and national averages. Some of the clinical staff we spoke with also highlighted this was also impacted by the demographics of the population group, high levels of deprivation and clinical prevalence of some long term conditions.
- Some incidents notifiable to the Care Quality Commission (CQC) had not been reported in line with the CQC registration regulations 2009. This included incidents involving the Police.
- Feedback from patients showed the practice was not always responsive to their needs, and some patients felt the service had not been adequately managed to ensure they had ease of access to clinical appointments (in 2015 specifically). Some patients on the other hand felt improvements had been made and we saw evidence of the practice being proactive to address the concerns.
- The January 2016 survey results showed 59% of respondents would recommend this surgery to someone new to the area compared to a clinical commissioning group (CCG) average of 76% and a national average of 78%.

The practice had addressed their immediate challenge of GP shortages and access issues by engaging five regular

locum GPs and recruiting to post a pharmacist and an advanced nurse practitioner. The practice hoped to meet patient demand and increase clinical capacity through the development of its new model of care. The newly recruited staff were aware of the historic challenges faced by the practice and were committed to making improvements to the patient's individual experiences.

Governance arrangements

The overarching governance framework did not always support the delivery of good quality care. This had largely been impacted by staffing shortages and turnover in 2015; and the length of time it took to recruit to post suitable staff.

Some of the governance structures and procedures in place included the following:

- The Practice St Albans is part of a wider group of 33 GP practices registered with the Care Quality Commission under the service provider Chilvers & McCrea Limited (part of The Practice Group). The provider had a centralised support centre which offered strategic support in areas such as governance, human resources and legal services.
- There was a clear staffing structure and most staff was aware of their own roles and responsibilities. Newly recruited clinical staff were still undergoing induction and orientating themselves to their new roles.
- The practice had a number of policies and procedures in place which contained relevant information for staff to follow. Some of these policies were generated centrally by the provider and some were localised to the practice.
- There was an awareness that the clinical performance of the practice could be improved and an action plan was in place to address this. This included management of long term conditions such as diabetes and hypertension.
- The practice carried out some clinical audits and reviews but very few completed audits had been undertaken.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions had been improved but not all risks had been identified and

Are services well-led?

Requires improvement 

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

mitigated. For example, the low number of health checks completed for patients with a learning disability and the high number of correspondence waiting to be scanned into patient records.

- The workload of administrative staff members was not always monitored to prevent delays in information being scanned onto the computer system.

The evidence we gathered showed GPs employed by the provider tackled significant challenges in maintaining an overview of their lead roles whilst at the same time supporting locums and ensuring the delivery of their own clinical responsibilities. They told us the recruitment of additional nursing staff and the pharmacist was welcomed as their workload had reduced. This would hopefully enable the lead GP and clinical staff to dedicate more time to improving the outcomes for patients.

Leadership and culture

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

- The staff we spoke with told us that an open and transparent culture was promoted within the practice and they had the opportunity to raise any issues as and when they arose.
- Regular meetings were held for the different staffing groups and this included clinical meetings and reception staff meetings.
- Some staff gave examples of how they had worked together as a team to address the staffing challenges and adapt to a new way of working.
- Staff said they felt respected, valued and supported, particularly by the practice manager and lead GP.

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

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

The practice encouraged and valued feedback from patients and staff. For example;

- The practice gathered feedback from patients through the patient participation group (PPG), friends and family test and complaints received. One member of the PPG told us the practice welcomed their feedback and acted upon it. For example, the seating arrangement in the reception area now faced the noticeboard instead of the reception desk.
- The PPG was practice led and met at least twice a year. Membership comprised seven patients with at least three members attending the meetings.
- However, all of the patients we spoke with were not aware of the existence of a PPG or the noticeboard that was visible on our inspection day. In addition, patients could not recall the practice undertaking a regular patient survey.
- Practice supplied data showed a patient survey had been undertaken between January and March 2016 as part of "Project Stan. A total of 16 patients had responded and 68.8% were satisfied with the telephone system and all patients were satisfied with the following areas assessed: speed of telephone being answered, treatment by reception staff, GPs listening to them and explaining the treatment options.
- The practice gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff we spoke with embraced the team working efforts to overcome some of the challenges they had faced in 2015/16; and felt the recently recruited staff "brought new energy" and experiences to improve how the practice was run.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure patients receive safe care and treatment including annual health checks thereby identifying and assessing risk and doing all that is practicable to mitigate this by: <ul style="list-style-type: none">• Taking more proactive steps to ensure with patients with a learning disability have an annual health check• Ensuring the systems in place to scan and review correspondence are effective and have clinical oversight.• Taking steps to identify improvements in the delivery of clinical care and patient outcomes.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must have effective systems to enable them to assess and monitor the quality of care being provided.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents How the regulation was not being met: The provider had not informed the CQC of incidents reported to or investigated by the police. This was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notification of other incidents.