

Family Medical Centre

Inspection report

56A Lowmoor Road
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Date of inspection visit: 31/05/2018 to 31/05/2018
Date of publication: 04/09/2018

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 location

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

This practice is rated as Good overall. (This was the first inspection for the provider).

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Family Medical Centre on 31 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had 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.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. The Patient Participation Group (PPG) and practice team worked together to make improvements for patients.

- There was a strong focus on continuous learning at all levels of the organisation. Practice leaders were positive about their work and focused on improvements.
- Team and practice meetings were scheduled on different days so attendance could be maximised.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

More detail can be found in the Requirement Notices section at the end of the report.

The areas where the provider **should** make improvements are:

- Continue to embed the system for patients to sign for controlled drug prescriptions.
- Take action to embed the new spirometry protocol.
- Monitor QOF exception reporting.

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

Please refer to the detailed report and the evidence tables for further information

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Family Medical Centre

The Family Medical Centre is located at 56A Lowmoor Road, Kirkby in Ashfield, Nottinghamshire NG17 7BG. The name of the registered providers are Dr KA Rahman and Dr J Dar.

Data contained within the report reflects the legal provider. We noted the current partnership took over from the previous provider in November 2016. The premises remains the same as do the majority of staff and patients.

Regulated activities include Diagnostic and screening procedures, Family Planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The Family Medical Centre is run by two GPs, both male with a salaried GP (female). The nursing team consists of an advanced nurse practitioner, two practice nurses and a health care assistant/phlebotomist. Additional practice staff include the practice manager, business/finance supervisor and the reception, administration team and cleaner.

The practice has approximately 4,050 patients and is open between 8am and 6pm Monday to Friday. Patients are offered extended hours sessions weekdays from 6:30pm to 8:00pm on weekdays and Saturdays from 9:00am to 12:00pm. This is in conjunction with other local practices within the Kirby area. Patients can also access telephone consultations. PC24 provides out of hours services.

Patients and staff are able to use the large car park adjacent to the practice and the practice building is accessible to patients with wheelchairs and those with restricted mobility.

The practice population contains higher numbers of people aged 65 (20.3%) compared to the national average of 17.3%.

The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. The practice kept a safeguarding register to highlight vulnerable patients including children. Meetings were held to discuss the safeguarding register every six to eight weeks and the practice worked closely with the health visitor, other practices, the CCG and social services to keep patients safe.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. We saw the lift was serviced yearly and staff received training to use the manual wind mechanism.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. On the day of the inspection the practice had one anaphylaxis kit which was stored in the reception area. The practice told us it had ordered three more kits for all clinical rooms and in the meantime the main emergency box had been moved to the nurses room.
- 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 and had attended sepsis training in practice learning time. Receptionists used a standard operating procedure to assist with recognising patients' symptoms of conditions which they needed to escalate to the GP. Although they were not aware of sepsis symptoms on the day of the inspection, the practice told us all reception staff have now completed sepsis awareness training.
- 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 most of the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Medicine alerts were logged and disseminated to the GPs via email and discussed at clinical meetings. The GPs followed up and reviewed medication after contact from other services such as out-patient clinics, out of hours services and after receiving hospital discharge letters.
- Clinicians made timely referrals in line with protocols.

Are services safe?

- There was no spirometry protocol but after the inspection the practice provided a copy of their new spirometry policy.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, needed strengthening. Although the practice regularly checked the emergency medicines and had an emergency medicines stock check list, one item in stock were not on the list and some did not show the expiry dates. On the day of the inspection the practice amended the list and added the expiry dates. The vaccine fridge was clean, well-maintained and located in a locked room. Staff completed daily temperature checks but the data logger was not working. The practice were waiting for this to be installed as there was a missing part.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with 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. It was monitoring prescribing levels and these were now below the CCG average. Nurse prescribing was not audited but the GPs reviewed consultation information. At the time of the inspection visit, the nurse was printing the contraceptive prescriptions and requesting GP signature either before or after the pill check. The prescription was given to the patient after the nurses had done a review to ensure continued medication use was safe. The prescription policy was amended to ensure that the pill prescription was only issued by the GP after the nurse's pill check.
- Nurses carrying out prescription reviews printed the prescription rather than tasking the prescription to the GP to review. The practice told us they would update their policy to make this change. On the day of the inspection the practice reviewed their procedure for collection of controlled drug prescriptions to include the patient signature. Previously they had asked for three identifiers but had not asked patients to sign on collection. The Patient Specific Direction for travel vaccinations and one Patient Group Direction did not contain all the required information and one PGD was missing. Following the inspection the practice have provided evidence that both PGDs are now in place and the PSD is complete.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. GPs reviewed prescriptions for repeat medicines past the review date and the practice sent reminder letters to patients to make a review appointment. Prescriptions which had not been collected for one month were reviewed by the GPs.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Significant events were discussed in practice meetings and meeting minutes were sent to all staff.
- We saw the practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that 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 are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used a frailty 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.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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 78.5%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average. Nurses followed up on patients who did not attend screening.

Are services effective?

- 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, travellers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.
- The practice's performance on quality indicators for mental health was in line with local and national averages. There were two high exception rates of 62.5% and 50%. The practice told us these may have been coding errors and they would follow this up and monitor.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements. The practice had carried out two cycle audits for anti-coagulation in atrial fibrillation, monitoring of an anti-arrhythmic medication, use of fibrates for cardio-vascular disease and treatment of urinary tract infections. As a result of the audits, clinicians improved patient care and safety.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received some specific training and could demonstrate how they stayed up to date.

Are services effective?

- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 own health.
- 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, for example, stop smoking campaigns, tackling obesity. The practice ran health promotion days to increase awareness of particular issues in the local community.

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. They had completed Mental Capacity Act and Deprivation of Liberty Safeguards training.
- 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. Verbal consent was sought for procedures such as joint injections, coils and implants.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. Patients we spoke with told us the receptionists interacted well with patients and they felt respected. We saw the clinicians collected patients from reception at the time of the appointment and patients were satisfied with their care and treatment from GPs and nurses.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- 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. Staff communicated with people in a way that they could understand.
- The practice proactively identified carers and supported them with relevant information about local services.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

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. It had considered access and added additional sessions to meet patient need.
- The practice offered telephone GP consultations which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. A room was available for breastfeeding and baby changing, however, patients had to ask as there were no posters advising of this. The practice had consultation rooms on the ground floor and doors were closed when clinicians saw patients.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 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, extended opening hours were available from 6:30pm to 8:00pm on weekdays and Saturday from 9:00am to 12:00pm.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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 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.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. The practice sent patients a letter to acknowledge their complaint followed by a response which addressed their concerns.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and we saw complaints were discussed in practice meetings. Practice staff learned from an analysis of trends and acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice 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 were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values which were patient-centred, compassion, safety, excellence and respect. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of the vision and values and they understood their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. The practice held regular team meetings which were held on different days so all staff were able to attend. The meeting minutes were circulated to all staff so they were kept up to date although more detail would have assisted staff who were unable to attend.
- The practice focused on the needs of patients and considered how any changes may affect patient care.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- We saw openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff and staff felt supported by the management team. There was a zero tolerance approach to aggressive behaviour by patients. There were positive relationships between staff and teams. Staff we spoke with told us they were able to raise concerns and the management team listened and acted.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management but these were not all operating effectively

- Structures, processes and systems to support good governance and management were clearly set out, understood but not always effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety but they had not assured themselves that they were operating as intended.

Managing risks, issues and performance

There were some processes and clarity around systems for managing risks, issues and performance but these were not always effective.

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance but practice leaders were not always aware of or had sufficient oversight of information of concern. For example the practice had high exception reporting in some Quality and Outcomes Framework (QOF) areas. There were errors in Patient Group Directions and Patient Specific Directions, nurses were issuing prescriptions without GP review and limited oversight of nurse practice. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

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. Practice staff reviewed the information at regular intervals to assess relevance and if any action should be taken.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. Audits carried out led to improvements for patients. For example the practice carried out an audit to assess how long particular administration tasks were taking. After considering the results the practice implemented a system of colour coding of tasks to show the level of urgency. The second cycle audit demonstrated an improvement in performance as a result.
- The practice used information technology systems to monitor and improve the quality of care.

- 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 (PPG). The PPG told us practice leaders listened and acted quickly upon their feedback. For example, a television screen was installed in the reception area to show health promotion information within two weeks of PPG feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Practice leaders reflected on their practice and considered ways to improve service delivery for patients. For example, the practice had been approved as a GP training practice and will be supervising GP trainees from August 2018.
- The practice team have improved referral rates to the pre-diabetes prevention programme and rates are now the second highest in the CCG (258% of target).
- Staff knew about improvement methods and had the skills to use them. The practice have promoted and followed the national guidelines for antibiotics prescribing and this has led to levels lower than the CCG average. Progress has been made to the practice's rate for A&E attendance showing a decrease of 22% from the previous year.
- The practice made use of internal and external reviews of incidents and complaints. The practice team

Are services well-led?

discussed significant events and complaints during team meetings and considered what could have been done differently. As result, learning was shared and used to make improvements.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>Practice leaders were unaware of high exception reporting of QOF data.</p> <p>Not all safety systems were operating effectively.</p> <p>We found nurses were printing prescriptions without GP review and nurse practice was not audited.</p> <p>Practice leaders were unaware that PGDs and PSDs contained missing information.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>