

Bilborough Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



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 Bilborough Medical Centre on 19 August 2016. Overall the practice is rated as requires improvement.

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

- We inspected the practice at a time when the GP partnership was changing and staff were still being consulted about the changes. This meant a future change in the leadership structure and governance arrangements were being reviewed.
- The practice had a clear vision and strategy to deliver high quality care and promote positive outcomes for patients. However, the overarching governance framework did not always operate effectively to ensure the delivery of good quality care.
- Patients were at risk of harm because processes for managing vaccines and the cold chain process were not always effective and in line with recommended guidance.
- The management of records relating to the delivery of regulated activities needed to be strengthened to ensure they were detailed and held securely.
- Information about services and how to complain was available. The practice investigated and responded to complaints.
- There was a system in place for acting upon significant events and patient safety alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice was committed to providing training and professional development to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- A regular programme of clinical audit demonstrated quality improvement, and we saw examples of full cycle audits that had led to improvements in patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was proactive in coordinating integrated care pathways with other providers; and this was reflected in the wide range of services available to patients.
- The practice offered seven day access and most patients said they were able to obtain an appointment with a GP when needed. Telephone access was regularly reviewed by the practice and the patient participation group, as this was an area of concern for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a very engaged patient participation group (PPG) which influenced practice development.

We saw areas of outstanding practice including the following:

- The practice proactively engaged in public health initiatives to improve the health and wellbeing of patients within the local community. In May 2016, the senior GP partner and managing partner had received a national award in recognition of the “over 60s MOT preventative public health project” undertaken at the practice. Patients aged between 60 and 70 years with a smoking history were offered a lung health check. A mobile CT scanner was used and patients did not have to attend hospital for initial scans. Positive outcomes achieved from this project included early diagnosis of lung disease or lung cancer and early access to treatment options. This project also reduced the workload on secondary care by providing the service in a primary care setting which was closer to patients’ homes. The

findings of the project was used to inform service delivery within the local area; and plans were in place to roll out this model of care in 2017 across some the Nottingham GP practices, in recognition of the benefits this created for patients.

- The practice had set up a “welfare rights benefit clinic” in September 2015 in liaison with other agencies. Families on low income and patients attending the weekly substance misuse clinic accessed this service for information and advice on finances, management of debt, housing and benefits.

The areas where the provider must make improvements are:

Ensure effective systems are operated to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients as well as to improve the quality and safety of services. This includes:

- Maintaining detailed records relating to the management of regulated activities securely: patient group directions, patient specific directives, and meeting minutes detailing discussions about significant events and patient safety alerts.
- The management of vaccines and cold chain by staff to ensure it is in line with recommended guidance.

The areas where the provider should make improvements are:

- Continue to proactively identify carers and ensure they are supported with their needs.
- Continue to review access to nurse and GP appointments and feedback from patients on waiting times by planning and monitoring staffing needs.
- Continue to review and improve telephone access and processes for making appointments in consultation with patients and the patient participation group.

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 requires improvement for providing safe services.

Requires improvement



- Systems were in place to manage significant events and patients safety alerts. However, the recording and dissemination of meeting minutes required improvement.
- Although risks to patients were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. Specifically the management of vaccines and cold chain.
- There were arrangements for planning and monitoring the number and skill mix of staff needed to meet patients' needs. Some staff felt staffing levels could be improved due to patient demand, staff turnover and absence.
- The practice had arrangements in place to safeguard children and vulnerable adults; and staff had received training relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed the practice was performing highly when compared to other practices. The practice had achieved an overall figure of 99.7% which was 6.6% above the local average and 4.4% above the national average. The practice had an overall exception reporting rate within QOF of 8.9% which was 0.2% below the CCG average and 0.9% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- There was an embedded culture of learning and quality improvement through clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff were supported with induction, supervision and appraisals; and we saw evidence of personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. A monthly multi-disciplinary team meeting was facilitated to ensure the delivery of effective and coordinated care.
- Measures were in place to support patient's live healthier lives, and this included patient education and a wide range of health checks and screening.

Are services caring?

The practice is rated as good for providing caring services.

- The national GP patient survey results showed the majority of patients rated the practice in line with the local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The senior GP partner had secured the local medical committee (LMC) "patients champion award" in 2011 and 2013 following patient nomination. This award was in recognition of the GP representing "the values of personal care and professionalism traditionally associated with the family doctor".
- Written information was available to direct patients and carers to a number of support groups and organisations.
- The practice had identified 0.8% of their patient list as carers. Staff told us they were working on identifying more carers at the point of registration and during consultations.
- In 2014, the practice staff and participation group (PPG) members had supported a local church in setting up a food bank within the local community. Patients on low incomes were given vouchers and referred to the weekly service hosted by the local church. About 25 patients were accessing this service and had received vouchers on at least two occasions.

Good



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- The practice had the highest opening hours in the Nottingham clinical commissioning group (CCG) and offered seven day access to its patients. Most patients said they were able to obtain an appointment with a GP when needed.
- However, the national GP patient survey results and feedback received from patient comment cards showed telephone access needed to be improved to ensure better access to the service. For example, 43% of patients said they could get through easily to the practice by phone compared to the local average of 72% and the national average of 73%. The practice had implemented a number of actions to improve telephone access but patient satisfaction had not significantly increased.
- A wide range of externally managed services were provided with the aim of ensuring treatment and care was delivered closer to patients' home. This included a dental practice, a pharmacy, a physiotherapy service, ultra-sound scanning, counselling and chiropody services.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Reasonable adjustments had been made to accommodate patients with disabilities.
- We identified some areas of outstanding practice. For example, the practice had received a national award in recognition of the over 60s MOT preventative public health project". Positive outcomes achieved for patients included early diagnosis of lung cancer, support in receiving early treatment as well as a follow-up scan and review at the practice. The project findings were used to inform service delivery within the local area; in recognition of the benefits this created for patients.
- In addition, the practice had set up a "welfare rights benefit clinic" in liaison with other agencies. The weekly clinic was accessed by families on low income and patients attending the weekly substance misuse clinic. In addition, patients benefited from integrated care as the substance misuse clinics were delivered by a GP with a special interest and a specialist substance misuse worker.

Are services well-led?

- We inspected the practice at a time when the management partnership was due to change from October 2016 with long serving GPs and the managing partner leaving the practice. This meant a future change in the leadership structure and governance arrangements were being reviewed, and staff were still being consulted about the change.

Requires improvement



Summary of findings

- Most staff felt supported by management and positive about the change.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- However, the overarching governance framework did not always operate effectively to ensure the delivery of good quality care. For example, some risks, issues and poor performance were not always dealt with appropriately or in a timely way; and the management of records relating to the delivery of services required improvement.
- The practice had a very engaged patient participation group which influenced practice development.

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 provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had received a national award in recognition of the work undertaken as part of the “over 60s MOT preventative public health project”. Patients aged between 60 and 70 with a smoking history were offered a lung health check. A mobile CT scanner was used and patients did not have to attend hospital for initial scans. Positive outcomes achieved for patients included early diagnosis of lung cancer in a primary setting and closer to home, as well as support in receiving early treatment.
- Patients aged 75 years and over were assigned a named GP who was responsible for overseeing their care.
- Nationally reported data showed the practice had achieved maximum Quality and Outcomes Framework (QOF) points (100%) for conditions commonly found in older people including heart failure, osteoporosis and rheumatoid arthritis.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services.
- The practice held monthly multidisciplinary meetings to ensure the care needs of patients assessed as being at high risk of hospital admission and those receiving palliative care were reviewed and had care plans in place.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Clinical staff had lead roles in chronic disease management and a wide range of services were provided. This included access to a diabetes specialist nurse clinic and spirometry for patients with diabetes, asthma and chronic obstructive pulmonary disorder (COPD). COPD is the name for a collection of lung diseases.
- Nationally reported data showed the practice performed well in the management of patients with long terms conditions with most patient outcomes above local and national averages.

Requires improvement



Summary of findings

- The care for patients with diabetes was prioritised. For example, patients had access to the diabetic retinopathy clinic and a diabetes specialist nurse; and positive outcomes were achieved for patients. Performance for diabetes related indicators was 98.7% which was above the local average of 82% and the national average of 89.8%. This was achieved with an exception reporting rate of 11% which was in line with the local average of 10% and national average of 12%.
- The practice had an effective system in place to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Routine appointments were available seven days a week. Home visits were available when needed.

Families, children and young people

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Immunisation rates were relatively high for most of the standard childhood immunisations. However, the storage of vaccines required improvement to ensure they were safe and effective in use.
- The management of vaccines required improvement to ensure they were safe for use.
- Routine appointments were available seven days a week and outside of school hours.
- The practice was awarded the 'You're Welcome' status for meeting the criteria for young people friendly health services.
- Patients (aged 13 to 24 years) could access free condoms, sexual health information and advice as part of the c-card scheme.
- Family planning advice including long acting contraceptives such as implants and coils were available to patients.
- The practice had baby changing facilities and breastfeeding mothers were welcomed.
- Antenatal and post-natal care was provided in liaison with the midwife and health visitor.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk of abuse.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Although patients could access travel vaccinations available on the NHS and those received on private treatment, the storage of vaccines required improvement to ensure they were safe and effective in use. The practice was a designated Yellow Fever centre.
- The practice offered seven day access for its patients and this ensured choice and flexibility. Opening times were between 8am and 6.30pm five days a week and 8am to 12pm on weekends. Extended hours were offered two mornings a week at the main location and one afternoon at the branch site.
- The practice hosted a wide range of services for its patients to enable access closer to home. This included smoking cessation clinics, non-obstetric ultrasound scanning, podiatry and physiotherapy services. Patients could also access in-house services which included minor surgery and treatment room services such as phlebotomy and ear irrigation.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice rates for bowel and cancer screening were below the local and national averages. For example, the practice had achieved an uptake rate of 46% for bowel cancer screening which was below the local average of 53.5% and the national average of 58%.
- Staff were working towards improving the uptake rates through patient education, display of information and engagement with the patient participation group. The practice had also displayed a case study detailing a patient's experience of undertaking the bowel cancer screening.
- Approximately 82% of patients with hypertension had the last blood pressure reading measured in the preceding 12 months which was in line with the local and national averages of 83%. This was achieved with an exception reporting rate of 3% which was in line with the local and national averages of 4%.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, a GP with a special interest ran a weekly substance misuse clinic with a specialist substance misuse worker.
- The patient participation group and some practice staff helped in setting up a food bank at a local church. Patients on low incomes were given vouchers and referred to the weekly service.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- A flexible approach was taken when carrying out annual health checks for people with a learning disability and this included undertaking them at a local day centre and providing easy read information.
- Patients whose first language was not English had access to translation services and some of the staff spoke other languages.
- Staff were aware of their responsibilities of safeguarding vulnerable adults and children and had received relevant training including domestic violence awareness.
- 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 provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Nationally reported data showed positive outcomes were achieved for patients.

- 93% of patients with poor mental health had their care reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 87% and the national average of 89%. This was achieved with an exception reporting rate of 17% which was above the local average of 12% and national average of 13%.

Requires improvement



Summary of findings

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 86% and the national average of 84%. This was achieved with an exception reporting rate of 3% which was below the local average of 5% and national average of 7%.
- The practice worked with multi-disciplinary teams in the case management of patients.
- Patients had access to a counsellor for mental health support and staff had a good understanding of how to support patients with mental health needs and dementia.
- Information was available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency and where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. A total of 32 out of 42 (76%) comment cards received were wholly positive about the standard of care received. The key themes from the feedback included:

- Patients felt they were treated with dignity and respect.
- Staff were described as being friendly, welcoming and caring.
- Patients felt listened to and had their needs responded to with the right care and treatment at the right time.
- Patients appreciated the range of services available offered and the availability of appointments from Monday to Sunday.
- Patients felt the environment was safe and hygienic.

Eight comment cards highlighted mixed views about the service and one card had negative feedback. Less positive comments related to telephone access, availability of routine appointments, caring nature of GPs and continuity of care not always being maintained.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We reviewed the results of the national GP patient survey which were published in July 2016. Most of the results showed the practice was performing slightly below or in line with local and national averages. A total of 325 survey forms were distributed and 100 were returned. This represented a 31% response rate and equated to 3% of the practice's patient list.

- 43% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 94% of patients said the last appointment they got was convenient compared to the CCG and national averages of 92%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG and national averages of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

Areas for improvement

Action the service **MUST** take to improve

Ensure effective systems are operated to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients as well as to improve the quality and safety of services. This includes:

- Maintaining detailed records relating to the management of regulated activities securely: patient group directions, patient specific directives, and meeting minutes detailing discussions about significant events and patient safety alerts.
- The management of vaccines and cold chain by staff to ensure it is in line with recommended guidance.

Action the service **SHOULD** take to improve

- Continue to proactively identify carers and ensure they are supported with their needs.
- Continue to review access to nurse and GP appointments and feedback from patients on waiting times by planning and monitoring staffing needs.
- Continue to review and improve telephone access and processes for making appointments in consultation with patients and the patient participation group.

Summary of findings

Outstanding practice

- The practice proactively engagement in public health initiatives to improve the health and wellbeing of patients within the local community. In May 2016, the senior GP partner and managing partner had received a national award in recognition of the “over 60s MOT preventative public health project” undertaken at the practice. Patients aged between 60 and 70 years with a smoking history were offered a lung health check. A mobile CT scanner was used and patients did not have to attend hospital for initial scans. Positive outcomes achieved from this project included early diagnosis of lung disease or lung cancer and early access to treatment options. This project also reduced the workload on secondary care by providing the service in a primary care setting which was closer to patients’ homes. The findings of the project was used to inform service delivery within the local area; and plans were in place to roll out this model of care in 2017 across some the Nottingham GP practices, in recognition of the benefits this created for patients.
- The practice had set up a “welfare rights benefit clinic” in September 2015 in liaison with other agencies. Families on low income and patients attending the weekly substance misuse clinic accessed this service for information and advice on finances, management of debt, housing and benefits.

Bilborough Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Bilborough Medical Centre

Bilborough Medical Centre provides primary medical services to 9914 patients and is part of the Nottingham City Clinical Commissioning Group. Patients can access services at two sites:

- The main surgery – Bilborough Medical Centre, Bracebridge drive, Bilborough, Nottingham, NG8 4PN. The practice is located in a purpose built premise and includes an independent dental practice and pharmacy service. The practice has occupied its current premises since 1990 and all patient services are provided from the ground floor. The practice is accessible by public transport and car parking is available on site.
- A branch site - Assarts Farm Medical Centre, 8 Upminster Drive, Nuthall, Nottingham, NG16 1PT. We did not visit the branch surgery as part of our inspection.

The level of deprivation within the practice population is below the national average with the practice population falling into the second most deprived decile. Income deprivation affecting children and older people is below the national average.

At the time of inspection, the clinical team comprised of five GP partners, a pharmacist, two practice nurses, a

phlebotomist and a healthcare assistant. The GP partnership and management were due to undergo significant changes shortly after our inspection. The practice is a teaching practice for medical students.

The clinical team is supported by a part-time managing partner (practice manager), an assistant practice manager and a team of reception and administrative staff.

The opening times at Bilborough Medical Centre are 8am to 6.30pm Monday to Friday and 8am to 12pm Saturday and Sunday. GP consulting times are from 9am to 12pm and 3.30pm to 6pm Monday to Friday. Extended hours were offered from 7am to 8am Monday and Tuesday as well as 8am to 12pm on Saturday and Sunday.

The opening times at Assarts Farm Medical Centre are 8am to 1pm and 3pm to 6.30pm on Monday to Friday; with the exception of Thursday when the surgery opens 8am to 1pm. GP consulting times are from 9am to 12pm and from 3.30pm to 6pm. Extended hours are offered between 6.30pm and 7.30pm on Wednesdays. Patients can access routine appointments on weekends at the main location.

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 to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 August 2016. During our visit:

- We spoke with a range of staff including GPs, a practice nurse, phlebotomist, practice manager and reception staff.
- We observed how patients were being cared for and talked with five patients who used the service including three members of the patient participation group (PPG).
- We reviewed 42 comment cards where patients shared their views and experiences of the service.
- We looked at information the practice used to deliver care and treatment.

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).

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

There was a system in place for reporting and recording near misses and significant events.

- Staff told us they would inform the GP or practice managers of any incidents and there was a recording form available on the practice's computer system.
- The practice had logged eight significant events in the preceding 12 months. From the sample of documented examples we reviewed, we found an analysis was undertaken and appropriate action was taken to mitigate risks.
- Staff told us significant events and complaints were discussed in weekly meetings and action taken was evaluated. However, there were limited minutes of recent meetings accessible on the computer system to corroborate this.
- When things went wrong patients were informed as soon as practicable, received reasonable support and / or an apology.
- We saw evidence of learning points identified to improve safety in the practice and this included reporting of unexpected deaths to relevant agencies including the Care Quality Commission in a timely manner.

The practice had systems in place to receive, review and act upon patient safety alerts. This included alerts received from the Medicines Health and Regulatory Authority (MHRA). The practice responded to alerts by undertaking computer searches to identify which patients may be affected and reviewing their prescribed medicines.

Interviews with the recently recruited GPs showed they were not always aware of the action taken as this was overseen by the practice manager, lead nurse and GP partners. Following our inspection, we received meeting minutes dated 23 September 2016 evidencing the process of managing alerts had been discussed with clinical staff and this was to be a standing agenda item to ensure wider learning within the practice.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Safeguarding information packs and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children and vulnerable adults. Staff demonstrated they understood their responsibilities to safeguard patients and had received training that was relevant to their role. GPs were trained to child safeguarding level 3. The health visitor and midwife discussed with clinicians safeguarding concerns relating to children and family members. Some staff had received additional training in domestic violence, female genital mutilation and Prevent (training to safeguard vulnerable people from being radicalised to support terrorism or becoming terrorists themselves). The practice reviewed and actioned notifications received from Domestic Abuse, Recovering Together (DART is a support service for mothers and children aged seven to 14 who have experienced domestic abuse).

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

There were some arrangements for managing medicines in the practice that kept patients safe. For example,

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Process were in place for handling repeat prescriptions, which included monitoring prescriptions that had not been collected and the review of high risk medicines.

Are services safe?

There was a process in place for recalls of high risk medicines including use of alerts for patients prescribed warfarin to ensure their blood results were taken in line with recommend guidance. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing.

However, the recording, handling and storage of vaccines was not always undertaken in line with recommended guidance. For example;

- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Records reviewed showed some of the PGDs were out of date. This was addressed on the inspection day and we received written confirmation that all nursing staff had signed them following our inspection.
- We found vaccines had been overstocked in one of two fridges and as a result the temperature was above the recommended ranges of between two and eight degrees celsius on the day of inspection. Feedback from staff highlighted overstocking of vaccines in the refrigerator took place when the only staff member responsible for ordering vaccines was on leave and this was not the first time it had happened. This was highlighted to the management as a concern because for vaccines to be effective, it is important that they are stored within the recommended temperature.
- Records reviewed showed fridge temperature checks were carried out daily. Staff told us action was taken when fridge temperatures were out of range and we saw evidence of this being documented. This included resetting the fridge and taking a second reading. However, the recording on the sample of fridge temperature charts we reviewed needed to be strengthened to ensure a clear audit trail was maintained of the staff members taking the fridge temperatures and actions taken in response to temperatures outside of recommended ranges in line with the practice policy.
- All but one of the staff we spoke with were able to demonstrate awareness of the procedure to follow in the event of a fridge failure. This staff member was shown how to “read, record, reset and react” in the future an incident like this happened.
- In response to the above concerns, staff made contact with the manufacturer and the local clinical

commissioning group medicines management team during our inspection to seek advice and this was risk assessed. The vaccines were redistributed to other fridges and another member of the nursing team was given shared responsibility for ordering, receipt and care of vaccines. Notifications were also sent to staff signposting them to the relevant guidelines to follow to minimise the risk of a similar incident occurring. A significant event form was also completed and we received written confirmation of this incident having been discussed in a clinical meeting on 23 September 2016 to inform learning and improvement.

We reviewed four personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Documents missing included a second reference and a signed contract in two of the four files.

Monitoring risks to patients

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

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- An up to date fire risk assessment was in place and the practice carried out fire drills and weekly fire alarm tests.
- Electrical equipment was periodically inspected to ensure it was safe to use and medical equipment was calibrated to ensure it was working effectively. Records reviewed demonstrated this had been completed by external contractors in the last 12 months.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. This included the use of a rota system for all the different staffing groups. We inspected the practice at a time when the GP partnership was changing due to retirement and resignation of some the GPs. The leadership

Are services safe?

were aware of the need to increase the staffing levels and efforts had been made to recruit additional staff prior to the change; with some success in appointing a pharmacist and salaried GPs. An advanced nurse practitioner was also due to start post our inspection and GP locums were used in the interim. The practice had partnered with Integral Medical Holding (IMH) to increase managerial support and GP capacity; and a planned staff need analysis was to be completed post our inspection. The majority of staff we spoke with felt there was sufficient staff on duty to respond to patients needs. Four members of staff felt staffing arrangements could be improved due to patient demand, staff turnover and absence.

Arrangements to deal with emergencies and major incidents

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

- The practice had a “patient emergency handling protocol” in place which set out guidelines for staff of how to respond to a medical emergency. This included pressing the emergency or panic button which alerted staff to any emergency, placing the patient in recovery position, resuscitation and use of emergency equipment.
- All staff received annual training in basic life support and / or cardio pulmonary resuscitation (CPR). One of the GPs had received additional training in advanced trauma life support (ATLS) and major incident medical management and support (MIMMS). The practice told us the GP shared this learning with other clinicians, in addition to the CPR training.
- During the inspection we saw staff responding to a medical emergency which ensured the patient received appropriate care and treatment.
- The practice had two resuscitation trollies available on the premises and this also included a defibrillator and oxygen with adult and children’s pads. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies of the plan were held off-site and the plan included emergency contact numbers for suppliers and key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians that we spoke with demonstrated an understanding and knowledge of current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff were able to explain how relevant guidelines were used in the assessment of patient's individual needs and the delivery of effective care and treatment. This included the assessment and monitoring of specific long term conditions and the prescribing of medicines.

- Staff had online access to the latest guidance and details on local care pathways to assist with patient consultations.
- Staff told us changes or updates to guidelines were regularly discussed at weekly clinical meetings. However, some GPs highlighted they were not always able to attend these meetings due to part-time working arrangements and meeting minutes were not always readily accessible for reference.
- The practice monitored that these guidelines were followed through risk assessments, audits and reviews of patient records.
- The practice newsletter shared with patients also included NICE guideline updates. For example, the newsletter for the period July to September 2016 included NICE guidance on the recognition and management of depression in adults as well as psychosis and schizophrenia in children and young people.

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 99.7% of the total number of points available. This was above the clinical commissioning group (CCG) average of 93.1% and the national average of 95.3%.

The practice had an overall exception reporting rate within QOF of 8.9% which was 0.2% below the CCG average and

0.9% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2015/16 showed this practice was not an outlier for any QOF clinical targets.

- Performance for diabetes related indicators was 98.7% which was above the CCG average of 82% and the national average of 89.8%. The exception reporting rate for indicators related to diabetes was approximately 11% which was in line with the CCG average of 10% and the national average of 12%.

The performance data relating to diabetes management and the services delivered at the practice demonstrated the care for these patients was prioritised. The practice told us this was achieved by:

- operating an effective system to recall patients for a structured annual review to check their health and medicines needs were being met;
- offering onsite access to the diabetic retinopathy clinic and podiatry clinic; and
- A local diabetes specialist nurse facilitated a clinic for patients with complex needs.

- Performance for hypertension related indicators was 100% which was above the CCG average of 96.4% and the national average of 97.3%. The exception reporting rate for hypertension related indicators was approximately 3% which was in line with the CCG and the national averages of 4%.
- Performance for mental health related indicators was 100% which above the CCG average of 91% and the national average of 92.8%. The exception reporting rate for mental health related indicators was approximately 12% which was in line with the CCG and national averages of 11%.
- Performance for dementia related indicators was 100% which was above the CCG average of 94.7% and the national average of 96.6%. The exception reporting rate for dementia related indicators was approximately 9% which was below the CCG average of 11% and the national average of 13%.

Are services effective?

(for example, treatment is effective)

There was an embedded culture of learning and quality improvement through clinical audit.

- The practice provided us with 10 examples of audits undertaken in the last two years, six of these were completed audits where areas for improvement had been identified and a re-audit undertaken to review if changes had been effective. The completed audit cycles demonstrated positive outcomes for patients and this included improved management of their conditions in line with NICE guidelines and increased uptake rates for vaccinations. For example, the audits covered topics such as the management of patients with atrial fibrillation (to consider adherence to NICE guidelines, uptake of pneumococcal vaccination by patients at risk and uptake of the flu vaccination by pregnant women).
- The practice had carried out 25 medicines audits and reviews, with the support of the local CCG medicines management team and pharmacist, to ensure prescribing was cost effective and adhered to local guidance. Six of the 25 audits were carried out as part of the quality, innovation, productivity and prevention (QIPP) programme. is designed to support clinical teams to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff and feedback from staff demonstrated this had been a helpful process to orient them to their working environment. The induction covered areas such as the use of the computer systems, practice policies, fire safety, health and safety, and confidentiality. We saw examples of checklists which had been signed off by the employees including GP locums on completion of the induction.
- The practice had attained the 'bronze plus standard' as part of the Investors in People scheme. The standard defines what it takes to lead, support and manage people well for sustainable results. Staff were encouraged to find relevant courses which they felt would be beneficial to their role.

- Training courses attended by staff included customer care, consent, information governance, learning disability and dementia awareness. Staff had access to and made use of e-learning training modules, in-house training and events organised by the CCG as part of protected learning time.
- The practice supported staff to undertake role-specific training and updating for relevant staff. For example, clinicians reviewing patients with long-term conditions such as diabetes and chronic obstructive pulmonary disease (COPD) had received training to support them in this role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending face to face training updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs and nurses. Staff employed for over a year received an appraisal and we saw evidence of agreed performance development plans.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was easily accessible to relevant staff through the practice's patient record system and practice's internal computer system.

- This included care plans, medical records, investigation and test results.
- The practice shared relevant information with other services, for example when referring patients to other services.

The practice team worked collaboratively with other health and social care professionals to assess the range and complexity of patients' needs and plan ongoing care and treatment. This included when patients moved between services and after they were discharged from hospital. Monthly meetings took place with representation from a

Are services effective?

(for example, treatment is effective)

wide range of community based professionals including the community matron, care coordinators, social workers, district nurses, and the end of life care team. The care needs of patients on the admissions avoidance, long term conditions and end of life registers was reviewed to ensure support was given to patients who needed it. Care plans were also reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- A leaflet titled "advance directives information for patients" was accessible and patients could make an appointment with a GP to discuss the medical treatment they would not want in the future, should they 'lack capacity' as defined by the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, clinicians were aware of the need to consider Fraser guidelines in deciding if a child can consent to contraceptive or sexual health advice and treatment.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Consent was obtained for specific procedures such as influenza vaccinations and minor surgical procedures; and audits had been undertaken to review the practice's compliance in obtaining informed patient consent.

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, weight and alcohol intake. Patients were offered services from the practice, referred or signposted to the relevant service. The practice hosted a

weekly smoking cessation clinic facilitated by advisors from the "New Leaf" service and patients (including patients registered with other GP practices) could also access the service via referral.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The 2015/16 QOF data showed the practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 80.5% and the national average of 81.4%. There were systems in place to: offer telephone reminders for patients who did not attend for their cervical screening test; ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. The 2015/16 data showed the uptake rate for:

- Breast cancer screening in females aged 50 to 70 in the preceding three years was 67% which was slightly below the CCG average of 72% and the national average of 72.5%.
- Bowel cancer screening in persons aged 60 to 69 in the preceding 2.5 years was 46% which was below the CCG average of 53.5% and the national average of 58%.

The practice was aware of the lower values and was working towards improving the uptake of bowel and breast cancer screening through patient education, display of information and engagement with the patient participation group. The practice had also displayed a case study detailing a patient's experience of undertaking the bowel cancer screening.

Immunisation rates for the vaccinations given to children were mostly in line with CCG and national averages as at March 2016. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 95% compared to the CCG range of 84.5% to 95% and the national range of 73% to 95%.

Are services effective?

(for example, treatment is effective)

- Lower values were achieved for the meningitis C vaccine given to children under the age of one.
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 82% to 100% compared to the CCG range of 87% to 95% and the national range of 81% to 95%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. A total of 32 out of 42 (76%) completed comment cards received were wholly positive about the standard of care and treatment received. Patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Eight comment cards highlighted mixed views about the service and one comment was wholly negative. Less positive comments related to interactions with some staff, continuity of care not always being maintained, telephone access and availability of routine GP appointments.

We spoke with five patients including three members of the patient participation group (PPG). They told us they were highly satisfied with the care provided by the practice and that staff were considerate, willing to help and friendly. Patients also felt they were treated as individuals and felt some of the GPs went the extra mile in ensuring they received appropriate care and treatment.

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that 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.

The national GP patient survey results showed the majority of patients felt they were treated with compassion, dignity and respect. The practice performed in line with the local and national averages for most of its satisfaction scores on consultations with GPs. For example:

- 97% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) and national averages of 95%.

- 90% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

Most of the satisfaction scores for consultations with nurses were in line with the local and national averages.

- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.
- 90% of patients said the nurse was good at listening to them compared to the CCG and national averages of 91%.
- 89% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

The practice were aware that satisfaction scores for reception staff were below the local and national averages; and steps to improve on these low scores included training in telephone communication and customer services, staff discussions and development of staff.

- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was largely positive and aligned with these views.

Are services caring?

The practice staff utilised the electronic palliative care coordination system to record patient's choices and wishes regarding their end of life care. For example, their preferred place of care and death, and their "do not attempt cardio pulmonary resuscitation" (DNACPR) decision.

Although the results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment; scores were below local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and the national averages of 90%.
- 73% 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 the national average of 85%.

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

- Patients who did not have English as a first language had access to translation services and some staff spoke other languages which facilitated ease of communication.
- Information leaflets were available in easy read format and this included information for patients with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Feedback from patients and comment cards received highlighted that staff responded compassionately when they needed help and provided support when required. The practice team provided us with case examples to demonstrate appropriate support had been provided to carers, patients receiving end of life care and patients experiencing a mental health crisis to ensure they were supported with their emotional needs. This included

referrals to counselling services, social services and the local mental health team. Patients assessed as being terminally ill and their carers had access to their named doctor's mobile number in case of emergency.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The level of deprivation within the practice population is above the national average (second most deprived decile) and the practice had responded to this by ensuring patients had access to services to address their social needs. For example, the practice staff and the patient participation group (PPG) members had supported a local church in setting up a food bank in 2014. The GPs had identified the need for support due to concerns that some patients were not able to have regular meals each day. Patients on low incomes were given vouchers and referred to the weekly service hosted by the local church. The practice told us about 25 patients were accessing this service at the time of inspection and these patients had received vouchers on at least two occasions.

The senior GP partner had been awarded the patients champion in 2011 and 2013 by the Nottinghamshire local medical committee (a body recognised in statute as representing all local GPs working within the NHS). This award was based on patient nomination and the following criteria: "the GP, who by virtue of his selflessness and dedication to patients is judged to best represent the values of personal care and professionalism traditionally associated with the family doctor".

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers which equated to 0.8% of the practice patient list size. The practice told us they were working on identifying more carers at the point of registration as well as during consultations. They had a dedicated carers section on their website as well as written information in the waiting room to direct carers to the various avenues of support available to them. This included support groups, advice on welfare benefits and accessing respite.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered

Are services caring?

appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice staff were proud to be initiators of many pilot schemes in the locality, in particular public health projects to improve the wellbeing of patients within the local community. This was an outstanding feature of the practice.

For example, the Public Health minister awarded the senior GP partner and managing partner with the “public health hero” national award in May 2016 for the “over 60s MOT preventative public health project” undertaken at the practice. Patients aged between 60 and 70 with a smoking history were offered a lung health check. A mobile CT scanner was used and patients did not have to attend hospital for initial scans. Over 200 patients were contacted and a high number of patients (about 20%) were identified as having lung problems. Positive outcomes achieved from this project included early diagnosis of lung disease or lung cancer and early access to treatment options. This project also reduced the workload on secondary care by providing the service in a primary care setting which was closer to patients' homes. The findings of the project was used to inform service delivery within the local area; and plans were in place to roll out this model of care in 2017 across some Nottingham GP practices, in recognition of the benefits this created for patients.

The practice had set up a “welfare rights benefit clinic” in September 2015 in liaison with other agencies and this was an outstanding feature. Families on low income and patients attending the weekly substance misuse clinic accessed this service for information and advice on finances, management of debt, housing and benefits.

The practice was proactive in coordinating the care and treatment for patients with other services and providers. For example:

- A GP with a special interest in substance misuse facilitated a weekly clinic with input from a specialist worker to ensure patients received integrated care.
- The practice hosted the CCG funded “1st line physiotherapy service” twice week. Patients had the option of an initial assessment with a physiotherapist

before seeing a GP when they contacted their practice to book an appointment for a musculoskeletal condition. The service was designed to improve primary care access to physiotherapy and reduce GP workloads related to musculoskeletal (MSK) conditions.

- A wide range of externally managed services were hosted from the practice premises with the aim of ensuring care and treatment was delivered closer to patients' homes and / or in response to patient demand. This included a dental practice, a pharmacy, ultra-sound scanning, counselling, podiatry and acupuncture clinic. These services were also available to non-registered patients.
- Patients from other practices were able to access treatment room services not provided at their own surgery as part of the any qualified provider (AQP) scheme. This included phlebotomy, dressings and wound care, ear syringing and electrocardiography (an ECG is a test used to check the heart's rhythm).
- A weekly antenatal clinic was facilitated by the midwife and patients registered with other GP practices could also access this service.
- The health visitor liaised with the clinical staff at the practice to provide child developmental checks, immunisations and advisory clinics for mothers.

Other services provided:

- The practice worked to offer services tailored to meet the needs of young people within the practice population. It was accredited as a ‘You're Welcome’ service, having met the Department of Health quality criteria for young people friendly health services.
- Family planning services including coil fitting and contraceptive implants were offered. The practice was also signed up to the c-card scheme, which allows young people to get access to condoms and to ask any questions related to sexual health.
- The practice provided a wide range of clinics for its patients and this included the management of asthma, diabetes, warts and minor surgery. A local diabetes specialist nurse also facilitated a clinic for patients with complex needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever centre.

Are services responsive to people's needs?

(for example, to feedback?)

- GPs carried out health checks and reviews for patients with a learning disability in their preferred environment, for example a local care home or day centre. There were longer appointments available for patients with a learning disability.
- Reasonable adjustments were made to the premises to ensure disabled facilities were available for wheelchair users and patients with impairments. For example, the practice had a hearing loop, automatic doors and services were accessed on the ground floor.
- In response to a patient's request, the practice hosted a monthly disability group meeting which was open to patients registered with other practices. The practice told us the attendees included people with long term health conditions such as multiple sclerosis, wheelchair users and carers. Benefits to patient included being sign posted to available services and access to a support network.

Access to the service

The importance of flexibility and choice was reflected in the appointment system. For example, the practice had the highest opening hours in Nottingham CCG and seven day access was available to its patients. A range of appointments were offered including home visits, pre-bookable GP appointments and same day appointments were released twice a day. The opening times at Bilborough medical centre (main location) were:

- 8am to 6.30pm Monday to Friday and
- 8am to 12pm Saturday and Sunday.

GP consulting times were generally from 9am to 12pm and 3.30pm to 6pm Monday to Friday; with extended hours offered from 7am to 8am Monday and Tuesday. GP consulting times were from 8am to 12pm on Saturday and Sunday.

The opening times at Assarts Farm Medical Centre (branch site) were as follows:

- 8am to 1pm and 3pm to 6.30pm on Monday, Tuesday, Wednesday and Friday
- 8am to 1pm on Thursday.

GP consulting times were generally from 9am to 12pm and from 3.30pm to 6pm. Extended hours were offered between 6.30pm and 7.30pm on Wednesdays. Patients could access routine appointments on weekends at the main location.

Feedback from comment cards received and people we spoke with highlighted that most patients were able to get appointments when they needed them; although telephone access was an issue. This was reflected in the national GP patient survey results which showed that patient's satisfaction with how they could access care and treatment was mixed. For example:

- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 59% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 94% of patients said the last appointment they got was convenient compared to the CCG and national averages of 92%.

The practice team and patient participation group had implemented a number of strategies to improve access and this was regularly reviewed given increasing patient demand and a concern for patients. A number of improvement actions had been implemented in the last two years and this included installing a new telephone system, call frequency monitoring and increasing reception staffing levels at peak periods. The steps taken were still being embedded and patient satisfaction had not significantly increased. Future plans for 2017 included increasing the number of incoming telephone lines in liaison with the telephone provider.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including leaflets

Are services responsive to people's needs?

(for example, to feedback?)

and information about complaints advocacy services. Patients we spoke with told us they would be confident in accessing the relevant information should they require this.

The practice had recorded 19 complaints in the last 12 months. We reviewed eight complaints in detail and found that they had been acknowledged, investigated and responded to in accordance with the practice's policy on handling complaints. Patients were provided with explanations and apologies where appropriate. Complaints

reviewed showed themes and trends relating to staff performance and attitude. This included failure to take blood by the phlebotomist and nursing appointments running late. The practice gave examples to demonstrate that additional support had been provided to drive improvement. This included refresher training, mentoring and adjustments to staff's work schedule. Following the inspection we also received an action plan of further improvements made and this was to be monitored as part of the staff member's supervision.

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 mission statement of the practice was “to provide high quality holistic care through team work to all our patients closer to home”.

- The mission statement was shared with patients in the waiting areas, practice leaflets and practice website.
- Staff were proud of the mission statement and the values which focussed on delivering holistic and person centred care.
- The practice had a strategy and supporting business plan in place which was regularly monitored. For example, the future strategy of the practice centred on succession planning and collaborative working with local GP practices and external stakeholders to inform the delivery of integrated primary and community health services within the practice.
- As part of the succession planning, the practice had partnered with Integral Medical Holding (IMH) to undertake the “back office functions” such as human resources management, recruitment and to provide assistance to the practice management.

Governance arrangements

The practice had some governance arrangements in place which supported the delivery of good care. For example:

- The practice had a clear staffing structure and most staff were aware of their roles and responsibilities. The GP partners and management team had lead areas of responsibility and acted as a resource for staff.
- A wide range of practice specific policies and protocols were in place and accessible to staff. We saw that policies and protocols were regularly reviewed.
- A programme of continuous clinical and internal audit was used to assess and monitor quality and to drive improvements to patient care.
- There was a comprehensive understanding of the performance of the practice in respect of the quality outcomes framework (QOF) achievement, patient satisfaction and access to the service.

However, the arrangements for identifying, recording, and managing risks, and implementing mitigating actions

needed to be strengthened to ensure they operated effectively and protected people against risks to their health and welfare. This included ensuring the cold chain for vaccine storage was maintained in line with recommended guidance and taking appropriate action in a timely manner when concerns were noted. Some records relating to the management of regulated activities and persons employed in carrying out these activities were not always detailed, held securely and / or up to date. This included patient group directions, patient specific directives, staff files and meeting minutes detailing discussions about significant events, patient safety alerts and complaints.

The practice had been reactive in addressing most of our concerns on the inspection day and an action plan was received within one working day confirming progress made in addressing the issues and timescales.

A representative from IMH shared with us the improvements that had been initiated and were planned to improve the risk management process and record keeping.

Leadership, openness and transparency

We inspected the practice at a time when staff had been informed of the retirement of the senior GP partner and practice manager (referred to as the managing partner) in August 2016 and three GP partners had left. This meant changes to the leadership structure and management under the IMH brand from October 2016 and staff were still being consulted. The GP partners and representatives from IMH told us of plans in place to facilitate further discussions with staff and increase the staffing capacity to ensure robust clinical leadership and professional development programme for all staff.

Despite these changes, most staff told us:

- There was a clear leadership structure in place and staff felt supported by management.
- The GP partners, practice manager and their assistant were described as being visible in the practice, approachable and took the time to listen to staff.
- There was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so.
- A few staff felt the change process could have been handled better given the retirement of the senior GP

Are services well-led?

Requires improvement 

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

partner and managing partner was unexpected. However, they felt positive as some of the current GP partners would remain working and staff were assured of their jobs.

- Most staff felt respected, supported and valued by the management team within the practice.
- Staff told us the practice held regular team meetings, this included weekly clinical meetings and monthly non-clinical meetings. This was corroborated by meeting minutes we reviewed.

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

- Feedback from patients was gathered through a patient participation group (PPG), practice surveys, the friends and family test and complaints. The PPG had 14 members and we spoke to three of them on the inspection day. The PPG spoke positively about the collaborative working with the practice staff to improve patient care. They were active in communicating positive feedback and concerns to the practice; and options for improvement were considered and implemented with their support. Priority areas for the PPG included telephone access and appointment availability which were regularly discussed and reviewed. Records reviewed showed action plans were implemented when changes could be made.

- The practice gathered feedback from staff through meetings, appraisals and on-going discussions. Most staff told us they would happily give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run; however were conscious of changes in leadership and governance arrangements.

Continuous improvement

We saw evidence of continuous learning and improvement within the practice.

- The practice was an approved teaching practice for medical students.
- The practice had received the excellence in general practice award in 2011 and 2013 in recognition of the good work undertaken by the GPs and practice staff. This was awarded by the Nottinghamshire local medical committee (a body recognised in statute as representing all local general practitioners working within the NHS).
- The practice proactively engaged in pilot and research projects funded by the CCG and other external stakeholders.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the provider did not operate effective systems for assessing, monitoring and mitigating the risks relating to the health and safety and welfare of patients.</p> <ul style="list-style-type: none">• We found records relating to the management of regulated activities were not always detailed, held securely and / or up to date. This included staff files and meeting minutes detailing discussions held about significant events and patient safety alerts.• The systems and processes for managing vaccines and cold chain were not always maintained in line with recommended guidance and effective. We found some patient group directions were out of date and recording of action taken in response to risks was not always done.• We also found overstocking of vaccines in the refrigerator took place when the staff member responsible for ordering vaccines was on leave. <p>This was in breach of regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>