Bakersfield 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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
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 Bakersfield Medical Centre on 1 March 2016 and an unannounced inspection on 3 March 2016 to follow-up on concerns identified on the first inspection day. The overall rating for the practice was requires improvement with a rating of inadequate for the safe domain. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Bakersfield Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 1 December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 1 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There were systems in place to monitor and maintain patient safety in the practice.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Incidents were regarded as opportunities for learning across the practice team and for improving patient care.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance.
- Suitable arrangements were in place to ensure staff received appropriate training, professional development, supervision and appraisal.
- Positive feedback was received from most patients about their care and treatment. Patients told us they felt treated as individuals and were involved in the planning and delivery of their care. Some patients felt improvements could be made to ensure all staff were caring and respectful and this was reflected in the National GP Patient Survey results.

Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Feedback received from patients and comment cards was positive about the continuity of care offered, appointments running on time and the appointment system being easy to use which enabled them to access the right care at the right time. This was reflected within the National GP Patient Survey results on access to services and the practice's responses in relation to this area were above the local and national averages.
- The practice was located in purpose-built premises and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- Staff worked well together as a team and had addressed most areas highlighted in the March 2016 inspection.

However there were areas of practice where the provider must make improvements:

Systems and processes must be established and operated effectively to enable the provider to:

- Ensure feedback from patients is used to drive improvements in the service by: using patient feedback relating to the quality of care offered by GPs proactively; reviewing the way the service is delivered and acting on areas of lower patient satisfaction. This includes the national GP patient survey results.
- Ensure that potential risks are identified and mitigated by: improving the recording of searches and follow-up action taken in response to patient safety alerts and strengthening the processes in place for following up patients on repeat prescription for medicines that are used to treat high blood pressure (ACE-inhibitors) to ensure they receive timely reviews.

There was an area of practice where the provider should make improvements:

- Consider ways to increase the uptake rate of the measles, mumps and rubella (MMR) vaccine in children aged five.

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?

Good

The practice is rated as good for providing safe services.

- Staff were supported to report significant events and learning was applied to improve safety in the practice. The recording of significant events and dissemination had been strengthened to ensure an in-depth analysis and staff discussions were fully documented.
- The practice had clearly defined and embedded processes in place to keep patients safe and safeguarded from abuse.
- Risks such as health and safety, fire safety and infection control were managed.
- The practice had strengthened its recruitment policy and procedures to ensure complete documentation of interview records and pre-employment checks were retained for all staff.
- The practice had effective systems in place to deal with medical emergencies and a contingency plan was in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The 2015/16 Quality and Outcomes Framework (QOF) data showed most patient outcomes were above average compared to the local and national averages. The practice had achieved 95.9% of the total number of points available, which was above the local average of 93.1% and in line with the national average of 95.3%.
- The local benchmarking data for 2015/16 showed the practice had one of the lowest rates of emergency admissions and accident and emergency (A&E) attendances.
- Staff had the skills, knowledge and experience to deliver care and treatment.
- Newly appointed staff received role specific inductions and there was evidence of appraisals and personal development plans for staff employed for over 12 months.
- Staff worked with other health and social care professionals to deliver coordinated care for patients' with complex needs and or living in vulnerable circumstances.
- Staff supported people to live healthier lives through early identification of health needs, health screening programmes and patient education.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Satisfaction scores for consultations with GPs and nurses were below local and national averages. For example, 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%. The survey results had been discussed and staff knew the areas they could improve on.
- Feedback from patients about their care and treatment was mixed. All comments cards received indicated patients were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment. However some patients we spoke with felt improvements could be made to ensure all staff were caring.
- We observed staff treated patients with kindness and respect and maintained confidentiality.
- Satisfaction scores for interactions with reception staff were above the local and national averages. For example, 92% of patients said they found the receptionists at the practice helpful compared to a local average of 88% and a national average of 87%.
- The practice had identified 67 patients as carers which equated to 1.3% of the practice list.
- Staff helped patients and those close to them to cope emotionally with their care and treatment and / or through bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services.
- The national GP patient survey results relating to opening hours, telephone access, appointments, continuity of care and waiting times were better than the local and national averages. For example, 86% of patients described their experience of making an appointment as good compared to the local and national averages of 73%.
- The practice had initiated positive service improvements for patients at risk and with a diagnosis of diabetes. This included referring patients to support groups and structured educational programmes that were held onsite and open to patients from other practices. The diabetes specialist nurse also facilitated a monthly clinic at the practice.

Summary of findings

- The practice hosted a range of services on site which made it easier for patients to access locally. This included counselling services, clinics facilitated by the health visitor and "falls and bones" specialist nurse, ultrasound diagnostic provision, podiatry and physiotherapy services.
- Facilities and premises were appropriate for the services being delivered and reasonable adjustments were made to accommodate people with disabilities or impairments.
- There was a review of complaints and how they were managed and responded to. Learning from complaints was shared and improvements were made as a result.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy supported by a five year business plan. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had some governance systems in place. However, further work was needed to ensure governance arrangements were effective in using patient feedback from the national GP patient survey data to drive improvements in services.
- Additionally, systems to identify, assess and mitigate risk required strengthening. This included the recording of action taken in response to medicine related patient safety alerts and the follow-up process for patients on repeat prescription for medicines used in treating high blood pressure (ACE-inhibitors).
- There was a clear leadership structure and staff felt supported by management.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were implemented in practice and regularly reviewed.
- The practice had systems in place for ensuring relevant staff were aware of the notifiable incidents that should be reported to the Care Quality Commission to ensure appropriate action was taken.
- The practice engaged with the patient participation group.

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

Good

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

- Nationally reported data showed the outcomes achieved for conditions commonly found in older people were above local and national averages. This included osteoporosis, rheumatoid arthritis and heart failure.
- A specialist "falls and bones" nurse attended the practice each month to assess and review the needs of patients.
- The practice was responsive to the needs of older people and offered home visits and same day emergency appointments for those with enhanced needs.
- The practice had links to local care homes where it offered regular visits to assess and monitor the health needs of residents.
- The practice held monthly multidisciplinary meetings to ensure older people at high risk of hospital admission were reviewed and had care plans in place.
- The practice were proactive in immunisation campaigns such as influenza, shingles and pneumonia vaccinations. It had achieved a 73% uptake of seasonal flu vaccinations for patients aged 65 years and over.

People with long term conditions

Good

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

- The nationally published data showed the majority of clinical outcomes achieved for patients with long term conditions were above the local and national averages.
- This was supported by an effective recall system which ensured most patients were invited for an annual review (at least) so their condition could be monitored and reviewed.
- The practice provided a range of services on site for patients with a long-term condition. This included spirometry, blood pressure monitoring and phlebotomy.
- Feedback from patients was consistently positive about their experience in obtaining an appointment and services when needed.
- The practice monitored the needs of patients at risk of developing diabetes and patients diagnosed with type two diabetes. A pathway was in place as part of the NHS Diabetes Prevention Programme to enable appropriate referrals and

support packages were accessible to patients. The practice hosted external agencies which facilitated structured education programmes, looking at different aspects of diabetes. A diabetes specialist nurse also attended the practice each month to review patients with complex needs.

Families, children and young people

Good

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

- The practice was responsive to parents' requests for same day appointments for children who were unwell. A review of the appointment system showed appointments for children were prioritised and available outside of school hours.
- Benchmarking data showed the practice had the second lowest number of avoidable accident and emergency attendances within the locality for children aged under 15 years between December 2015 and November 2016.
- The practice offered the meningitis vaccine for 14 to 18 year olds which helps protect against four different causes of meningitis and septicaemia.
- Immunisation rates for the vaccinations given to under two year olds were in line with national averages. However, the uptake rate for the measles, mumps and rubella (MMR) vaccine in five year olds was below local and national averages.
- The practice had baby changing facilities and accommodated mothers who wished to breastfeed on site.
- Staff were knowledgeable about the legislation and procedures relating to safeguarding children at risk of abuse or deteriorating health. Systems were in place to enable staff to raise any concerns with the safeguarding GP lead to ensure follow-up action was taken.
- The practice regularly worked with other health and social care professionals in the case management of families, children and young people.
- Clinicians were clear of their responsibilities to assess young people without parental consent in line with recommended guidance. Gillick competence is used to assess capacity in children to consent to medical treatment and Fraser guidelines are used specifically for children requesting contraceptive or sexual health advice and treatment.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The published data for 2015/16 showed uptake rates for cancer screening programmes (cervical, breast and bowel cancer) were above local and national averages. The practice had screened 82% of patients aged 60 to 69 years for bowel cancer, which was above the local average of 72% and national average of 72.5%.
- Patients were able to access advice and support in respect of maintaining a healthy lifestyle. This included advice on weight management and smoking cessation.
- Patients could access appointments and services in a way and at a time that suited them. Extended hours services were offered on Monday evenings (6.30pm to 8pm) and Friday morning (7am to 8am) to facilitate easier access for patients with work or school commitments. Patients also had access to telephone consultations and same day appointments.
- The practice was proactive in offering online services such as appointment booking, prescription ordering and review of medical records (summary care records).
- NHS health checks were offered for patients aged 40 to 74 years and 63% of patients aged 16 to 65 years had received a flu vaccination.
- The practice offered a family planning and sexual health service and travel vaccinations including yellow fever.
- Patients registered with other practices were able to access treatment room services such as phlebotomy and ear syringing.

People whose circumstances may make them vulnerable

Good

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

- Patients with palliative care needs were reviewed at weekly multi-disciplinary team meetings and had supporting care plans in place. A dedicated phone line was available which ensured calls were answered promptly and appropriate care was organised for the patients and their carers.
- The practice's computer system alerted GPs if a patient was a carer. A total of 67 patients were registered as carers and this equated to 1.3% of the patient list.
- Patient feedback and records reviewed demonstrated the practice team actively sought out to help patients or carers should there be a concern for their wellbeing.
- The practice staff had received training related to safeguarding vulnerable adults and were aware of how to report any concerns to the GP lead and / or external agencies if needed.
- Patients had access to information relating to support groups and the local social services team which enabled them to access advice and support if needed.

Summary of findings

- The practice offered health checks and longer appointments for patients with a learning disability. The practice had undertaken an annual health review for 13 out of 20 patients with a learning disability; and one patient had declined a review.

People experiencing poor mental health (including people with dementia)

Good

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

The 2015/16 published data showed good outcomes were achieved for this population group. For example:

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the local average of 86% and the national average of 84%. The exception reporting rate was 1.5% which was significantly below the local average of 5% and national average of 7%.
- 91% of patients with a mental health condition had a documented care plan in the last 12 months which was above the CCG average of 87% and the national average of 89%. The exception reporting rate of 11.5% was in line with local and national averages.
- The practice offered good access for patients experiencing poor mental health, living with dementia and / or their carers. This included on the day emergency appointments.
- The practice provided a room for the community mental health team to meet with patients and review their mental well-being within a familiar environment.
- Staff had a good understanding of how to support patients with dementia. This included an awareness of the Mental Capacity Act 2005 and the best interest decision making process.
- The GPs used a cognitive assessment tool to identify patients with signs of memory loss or dementia and facilitated referrals to secondary care for timely diagnosis (if appropriate).

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results were mixed with some indicating the practice was performing above local and national averages and others below. A total of 277 survey forms were distributed and 110 were returned. This represented a response rate of 40%.

- 94% 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%.
- 92% 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%.
- 75% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning (CCG) and national averages of 85%.
- 67% of patients said they would recommend this practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients praised the level of care received from all staff members and felt an excellent service was provided. This included the ease of obtaining an appointment with a preferred GP when requested and staff members were described as being supportive, helpful and kind.

We spoke with 12 patients including a member of the patient participation group during the inspection. Views were mixed. Some patients told us they were satisfied with the care they received and were involved in their care and treatment. Five out of 12 patients gave less positive comments relating to some staff not always being caring. This aligned with national patient survey feedback.

The practice's November 2016 survey showed 13 patients had responded. Positive feedback related to ease of accessing appointments; minimal waiting times and staff were described as being friendly and pleasant.

Areas for improvement

Action the service MUST take to improve

Systems and processes must be established and operated effectively to enable the provider to:

- Ensure feedback from patients is used to drive improvements in the service by: using patient feedback relating to the quality of care offered by GPs proactively; reviewing the way the service is delivered and acting on areas of lower patient satisfaction. This includes the national GP patient survey results.
- Ensure that potential risks are identified and mitigated by; improving the recording of searches and follow-up action taken in response to patient safety alerts and strengthening the processes in place for following up patients on repeat prescription for medicines that are used to treat high blood pressure (ACE-inhibitors) to ensure they receive timely reviews.

Action the service SHOULD take to improve

- Consider ways to increase the uptake rate of the measles, mumps and rubella (MMR) vaccine in children aged five.

Bakersfield 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 an Expert by Experience (someone with experience of using GP services).

Background to Bakersfield Medical Centre

Bakersfield Medical Centre provides primary medical services to 5151 patients through a Primary Medical Services (PMS) contract. The practice is located in Nottingham. The practice population is diverse and includes patients of British, Black, Asian, and minority ethnic groups. The practice is ranked in the fifth most deprived decile which indicates levels of deprivation are in line with the national average. The practice age profile has higher percentages of patients aged 25-55 years old.

The practice is run by a partnership of two full-time GPs (one male and one female). They are supported by a clinical team comprising of a phlebotomist and a health care assistant. These two staff members also undertake receptionist duties. The administrative team comprises of two practice managers, an apprentice and a small team of reception and administrative staff.

The practice is open between 8am and 8.30pm on Mondays; 8am to 6.30pm Tuesday to Thursday; and 7am to 6pm on Friday. GP appointments are generally from 8am to 6pm daily and planned surgeries are often extended in response to patient demand. Extended hours appointments are offered every Monday from 6.30pm to 8.10pm and on Friday from 7am to 8am.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Nottingham Emergency Medical Services (NEMS) via the 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Bakersfield Medical Centre on 1 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in March 2016 can be found by selecting the 'all reports' link for Bakersfield Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection of Bakersfield Medical Centre on 1 December 2016. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations (NHS England, Healthwatch and Nottingham City clinical commissioning group) to share what they knew. We carried out an announced visit on 1 December 2016 and during our visit:

- We spoke with a range of staff including the GP partners, the two practice managers, the health care assistant, reception and administrative staff.

Detailed findings

- We spoke with 12 patients who used the service including a member of the patient participation group.
- We observed how patients were being cared for in the reception area and reviewed the information available to them and the environment.
- We reviewed 31 comment cards where patients shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and information relating to the care and treatment of patients.

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.

Good

Are services safe?

Our findings

At our previous inspection on 1 March 2016, we rated the practice as inadequate for providing safe services. Patients were at risk of harm because effective systems and processes were not always in place to keep them safe. We found some risks to patients and staff had been assessed but immediate and / or appropriate action to mitigate these risks had not been carried out. This included risks related to fire safety, health and safety, the environment and infection control practices.

These arrangements had significantly improved when we undertook a follow up inspection on 1 December 2016. The practice is now rated as good for providing safe services.

Systems were in place to enable staff to report and record significant events.

- Staff understood and fulfilled their responsibilities to raise concerns and to report significant events. Significant events were reported to the practice managers or GP partners.
- Reporting templates were available and accessible to all staff via the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Records reviewed showed significant events were discussed and reviewed regularly; and were a standing item on the staff meeting agenda. We found the recording of investigations undertaken and the dissemination of learning had improved.
- Where patients were affected by an incident or event, they were contacted by the practice and offered support, explanations and apologies.

The practice had a process in place to review patient safety alerts received including Medicines Health and Regulatory Authority (MHRA) alerts. MHRA alerts were cascaded to GPs for review and if relevant discussed at the staff meeting. The GPs undertook searches on the computer system to identify patients that may be affected when concerns were raised about specific medicines. Thereafter, the GPs told us they would review the affected patient's prescribed medicines to ensure their safety. This was corroborated by the sample of searches we undertook on the clinical system. However, the recording of the searches and follow-up action was not always recorded to provide evidence this had taken place.

Overview of safety systems and processes

Effective systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Appropriate policies were in place and easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. There were lead GPs for child and adult safeguarding. The practice had identified 47 children on its child safeguarding register and this included looked after children and children in need. Vulnerable adults and children at risk were discussed at monthly meetings with community based staff including the health visitor. Staff demonstrated they understood their responsibilities to safeguard patients and all had received training relevant to their role. In addition, some staff had received training in domestic violence awareness.
- Information was displayed in the waiting area and in consultation rooms to make patients aware 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.
- We observed the premises to be clean and tidy during our inspection. Cleaning schedules were in place to ensure good standards of cleanliness and hygiene were maintained. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control protocols and policies were in place and staff received regular training at a level relevant to their role. Infection control audits were undertaken and

action was taken to address improvements identified as a result. An external review of infection control practices by the CCG was planned to take place post our inspection in January 2017.

Arrangements were in place to manage medicines and vaccines. This included the arrangements for ordering, handling, security, storage and disposal of medicines.

- Blank prescription forms and pads were securely stored, and a system was in place to monitor the distribution of prescriptions within the practice.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- All medicines that we looked at including vaccines were in date and a log of daily fridge temperatures was kept.
- 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.
- The health care assistant was trained to administer vaccines against a patient specific direction signed by a GP.
- The practice had taken some steps in relation to medicines optimisation which included the use of PRIMIS quality improvement tools. For example, the PINCER audit tool was used to identify at-risk patients who were prescribed drugs that are commonly and consistently associated with medication errors so that corrective action can be taken to reduce the risk of occurrence of these errors.

The practice had strengthened its recruitment policies and procedures to include information listed in schedule three of the Health and Social Act 2008 as part of the pre-employment checks. All the personnel files that we looked at showed appropriate recruitment checks had been undertaken prior employment or post our inspection. Records reviewed included interview records, proof of identification, references, qualifications, registration with the appropriate professional body and / or the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients and staff

The practice had made improvements to strengthen their risk management process. For example:

- There was a health and safety policy in place and a poster in the reception office which identified local health and safety representatives.
- The practice had a variety of risk assessments in place to monitor the safety of the premises and activities undertaken by staff. This included control of substances hazardous to health, flooring, lighting and general office duties.
- The practice had reviewed and updated its fire policy, procedures and risk assessment. A regular programme was in place to ensure: fire alarm points and doors; emergency lighting and fire extinguishers were tested, serviced regularly and in full working order. Some staff had also completed fire safety training updates in addition to training provided during their induction process. The practice had carried out a fire drill in March and November 2016 to ensure staff were aware of the procedure to follow in the event of a fire.
- A clear passageway was in place to all escape routes to ensure people could easily evacuate the building in the event of a fire.
- The practice had improved its legionella policy and management plan and we saw evidence of action being taken to mitigate risks. This included periodic monitoring of the water outlets and recording of temperatures to ensure they were within the recommended guidelines. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice had service arrangements in place with external contractors to ensure the safety, availability and suitability of equipment. For example, the testing of electrical equipment was undertaken periodically to ensure it was safe to use. Medical equipment was calibrated and checked to ensure it was working effectively.

The staffing arrangements within the practice enabled people's needs to be met.

- The clinical team comprised of: two full-time GP partners who covered 10 sessions each work, a health care assistant and phlebotomist. There was no practice nurse at the time of inspection but a suitable candidate had been identified following an interview process. In the interim, the GPs offered additional appointments to accommodate patients who may otherwise have been seen by a nurse. There was a rota system in place for all

the different staffing groups to ensure enough staff were on duty. The practice had a minimum level of non-clinical staff working each day and annual leave was covered internally.

Arrangements to deal with emergencies and major incidents

There were suitable arrangements in place to ensure the practice was equipped to deal with major incidents and medical emergencies. For example:

- All staff had up to date training in basic life support, cardio pulmonary resuscitation, anaphylaxis and / or use of an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to attempt to restore normal heart rhythm.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Staff had access to an emergency alert system on their computers which enabled them to receive support from colleagues should an emergency situation arise.
- 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.
- There was a business continuity plan in place to provide a framework and response plan 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 staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The GPs we spoke with could clearly outline the rationale for their treatment approaches.
- Clinicians had access to a range of online resources which enabled them to keep up to date with current best practice. They also attended training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that guidelines were followed through checks of patient records and topics for clinical audit were linked to NICE or locally agreed prescribing guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published QOF results related to the year 2015/16. The practice achieved 95.9% of the total number of points available, which was above the clinical commissioning group (CCG) average of 93.1% and in line with the national average of 95.3%. The QOF data showed this practice was not an outlier for any clinical targets.

The clinical exception reporting rate was 5.7% which was below the local average of 9.1% and the national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, a patient repeatedly fails to attend for a review appointment.

Data showed the practice achieved 100% for 17 out of 19 clinical indicators. For example, the practice had attained:

- 100% for indicators related to hypertension which was above the CCG average of 96% and national average of 97%. This was achieved with an exception reporting rate of 0.6% compared to the CCG and national averages of 4%.
- 100% for indicators related to dementia which was above the CCG average of 95% and national average of 97%. This was achieved with an exception reporting rate of 4% which was below the CCG average of 11% and the national average of 13%.
- 100% for indicators related to mental health related which was above the CCG average of 91% and national average of 93%. This was achieved with an exception reporting rate of 11% which was in line with the CCG and the national averages.
- 100% for indicators related to chronic obstructive pulmonary disease (COPD) which was above the CCG average of 94.5% and national average of 96%. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. The exception reporting rate was 15% which was marginally above the CCG average of 12% and national average of 13%.

The practice staff were aware of areas for improvement (management of diabetes and secondary prevention of coronary heart disease) and had implemented strategies such as patient education and referral to support groups to address this.

- Performance for diabetes related indicators was 80.5% which was below the CCG average of 82% and the national average of 90%. This was achieved with an exception reporting rate of 5% which was below the CCG average of 10% and the national average of 12%.
- Performance for coronary heart disease related indicators was 94% which was above the CCG average of 93% and below the national average of 95.5%. This was achieved with an exception reporting rate of 5% which was below the CCG and national averages of approximately 8%.

Records reviewed and discussions held with practice staff showed the decision to exception report was based on appropriate clinical judgement with clear and auditable reasons coded or entered in free text on the patient record. Examples of exclusions included patients who had not attended their health reviews in spite of being invited on three occasions and / or patients for whom prescribing a specific medicine or treatment was not clinically appropriate

Good

Are services effective?

(for example, treatment is effective)

- Four clinical audits had been undertaken since February 2016, and one of these was a completed audit cycle where the improvements made were implemented and monitored.
- For example, the practice had undertaken an audit of co–amoxiclav prescribing to consider adherence to the Nottinghamshire area prescribing guidelines. Co-amoxiclav is an antibiotic used to treat infections.
- The initial audit showed 23% of patients had been prescribed co-amoxiclav for the appropriate symptoms and duration of time. Recommendations for the clinicians included following the local antimicrobial guideline when considering antibiotics and liaising with colleagues in microbiology for advice. A re-audit was undertaken after five months, and this showed an improvement from 23% to 31% (an increase of 8%). A further re-audit had been planned as further improvement was recommended.
- The practice had worked with the CCG pharmacist to undertake a number of prescribing audits some of which were re-audited to ensure that changes to prescriptions or dosages had been implemented. Prescribing data showed antibiotic use was amongst the lowest in the CCG and the practice was underspent in respect of their prescribing budget and. The latter was achieved through adherence to their practice formulary and collaborative working with the CCG pharmacist.
- The practice had one of the lowest outpatient referral rates in the CCG and historically has remained so. This was attributed by stakeholders to the experienced GP partners with a good knowledge of the correct patient pathways and minimal use of GP locums.

The 2015/16 local benchmarking data showed low usage of secondary care services by patients (with the exception of walk in centre presentations). For example:

- The number of emergency hospital admissions for ambulatory care sensitive (ACS) conditions was ranked fourth lowest out of 58 GP practices in the CCG. ACS conditions are chronic conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management.
- The practice had one the lowest accident and emergency attendances (avoidable) for the period December 2015 to November 2016. The practice was ranked three out of 58 GP practices.
- The practice was above average for walk in centre attendances. For example, the practice was scored 31 out of 58 practices local practices for all walk in attendances between December 2015 and November 2016.

The GPs had identified the regular attendees of secondary care services and were looking to address this through patient education and reviews.

Effective staffing

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

- Role specific inductions were provided for all newly appointed staff and this included a period of shadowing to learn the practice specific systems and patient pathways. We received positive feedback from newly recruited staff about the induction they had received.
- Staff had access to training to meet their learning needs and to cover the scope of their work. This included: safeguarding, fire safety awareness, basic life support, confidentiality and information governance.
- Staff had access to e-learning training modules and in-house training.
- The clinicians undertook role-specific training and updating which was specific to reviewing patients with a range of long-term conditions and mental health needs for example.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training and arrangements were in place to ensure updates were undertaken as required. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings.
- Staff were supported through timely supervision and appraisal. All staff employed for over a year had received an appraisal and a personal development plan had been agreed.

Good

Are services effective?

(for example, treatment is effective)

- The two GP partners had achieved revalidation. Revalidation is the process by which all registered doctors are required to demonstrate they are up-to-date and fit to practice in their chosen field and able to provide a good level of care.
- The partners worked collaboratively with other GP practices in their locality. For example, one of the GP partners had offered shadowing opportunities to another GP to help improve their consultation and record keeping skills.
- The practice facilitated placements for apprentices within the administrative team. The apprentice we spoke to was positive about the support and mentoring provided.
- The GP partners told us they undertook some of the nursing related roles in the absence of a practice nurse since October 2016. A suitable candidate had been identified for the practice nurse role following a recruitment process and a start date would be confirmed after pre-employment checks had been completed.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had embraced the initial report as a means to improve all areas of service provision and had liaised with external stakeholders when necessary to ensure changes were made to the required standard. The practice had joined the Nottingham GP Alliance and was keen to work collaboratively with it.
- The practice participated in education and research. As well as being an approved teaching practice for medical students, the practice was involved in research projects; the most recent relating to patients with asthma.

Coordinating patient care and information sharing

Staff could easily access the information they needed to assess, plan and deliver care to people in a timely way. This included information being shared between day time general practice and GP out-of-hours services, care plans, medical records, investigation and test results.

The practice team worked with other health and social care professionals to meet the needs of their patients and to assess and plan their ongoing care and treatment. This included when patients where referred or admitted to hospital, moved between services, or after they were discharged from hospital.

Multi-disciplinary meetings took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. For example, patients at high risk of hospital admission, patients receiving palliative care and patients with complex long term conditions. The meetings were attended by a range of health and social care professionals including the GPs, community matron, palliative care nurse, district nurses and staff from social services.

The practice engaged in proactive multi-disciplinary working to identify and provide personalised support for patients who were at high risk of avoidable unplanned admissions. Three percent (3%) of the practice population had been identified for case management; and this was above the minimum target of 2% stipulated in the "avoiding unplanned admissions: proactive case finding and patient review for vulnerable" service agreement agreed with the commissioners.

Consent to care and treatment

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

- Records reviewed and feedback from staff showed patients' consent to care and treatment was sought in line with legislation and guidance. Consent forms were used where applicable to ensure the practice followed best practice guidance. The process for seeking consent was monitored through patient records audits.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. This included the use of Gillick competence to assess capacity in children to consent to medical treatment and Fraser guidelines which are used specifically for children requesting contraceptive or sexual health advice and treatment.

Good

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice had a focus on early identification, prevention and supporting people to improve their health and wellbeing. For example:

- People needing extra support included those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered NHS health checks for patients aged 40–74. This check is designed tospot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia; and enables clinicians to find ways to lower this risk through patient education and treatment for example.
- The uptake of the flu vaccinations for patients aged between 16 years and 65 was 63% and 73% for over 65 year olds.
- The practice had undertaken an annual health review for 13 out of 20 patients with a learning disability; and one patient had declined a review.
- The 2015/16 data showed immunisation rates for the vaccinations given to under two year olds ranged from 90.5% to 90.6%. This was comparable to the national average. Lower values were achieved for immunisation rates relating to five year olds for the measles, mumps and rubella (MMR) vaccine. This ranged from 74% to 88%; compared to the CCG range of 87% to 94% and the national range of 88% to 94%.
- Published data from QOF indicated that the practice's uptake for the cervical screening programme was 80.6%, which was in line with the CCG average of 81.7% and the national average of 81.4%. Exception reporting was 3% which was below the local and national percentages of 6%.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. The practice's uptake rate for:

- Breast cancer screening for females aged 50 to 70 years in the preceding three years was 82%. This was above the CCG average of 72% and the national average of 72.5%.
- Bowel cancer screening for persons aged 60 to 69 years in the preceding 2.5 years was 62%. This was above the CCG average of 53.5% and the national average of 58%.

Good

Are services caring?

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing caring services as the national GP patient survey data (published in January 2016) showed patients rated the practice lower than others for most aspects of care relating to consultations with GPs.

We found the national GP patient survey results published in July 2016 had not significantly improved when we undertook a follow up inspection on 1 December 2016. We considered this evidence as part of the well led section of our report as any actions taken by the practice had not been successful in driving improvements in patient satisfaction. The practice is now rated as good for caring.

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by staff we spoke with during the inspection. They offered extra support to patients when booking appointments, taxis and requesting medicines.

Measures were in place to ensure the privacy and dignity of patients was maintained. For example:

- Curtains were used around the bed during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if a patient wished to discuss sensitive issues or appeared distressed.

We received 31 comment cards all of which were positive about the service experienced. Patients said they found staff welcoming, helpful and caring. Comment cards highlighted that patients felt they were treated with compassion, dignity and respect by staff.

We spoke with 12 patients including a member of the patient participation group (PPG). There were mixed views expressed. Some patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, five patients felt one GP was not always caring and did not treat them with respect. They therefore opted to see a different GP.

The national GP patient survey results were below average for satisfaction scores on consultations with GPs. For example:

- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) and national averages of 85%.
- 75% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.

There were slight increases in these figures from the January 2016 results.

Survey results relating to satisfaction scores for nurse consultations were also slightly below the local and national averages with the exception of one.

- 89% of patients said the nurses were good at listening to them compared to the CCG and national averages of 91%.
- 87% 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%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%. However, there was no practice nurse in post at the time of our inspection.

Satisfaction scores for interactions with reception staff were above the CCG and national averages:

- 92% of patients said they found the receptionists at the practice helpful compared to a CCG average 88% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

The practice had 24 patients listed on the palliative register and arrangements were in place to ensure they were involved in the planning of their own care. The practice

used the electronic palliative care co-ordination systems (EPaCCS) to enable the recording and sharing of people's care preferences and key details about their care at the end of life; including preferred place of death. The GPs we spoke to told us the death analysis was undertaken but was not always recorded.

Feedback from patients about their care and treatment was mixed with some patients telling us they felt listened to and involved in decision making about the care and treatment they received. Others however told us they did not feel respected. Patient comment cards received were positive.

National patient survey results showed:

- 75% 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%.
- 70% 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%.
- 66% of patients said the last GP they saw or spoke to give them enough time compared to a CCG average of 86% and a national average of 87%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 86% of patients said the last GP they saw or spoke to give them enough time compared to a CCG average of 93% and a national average of 92%.

Patient and carer support to cope emotionally with care and treatment

The practice had identified 67 patients as carers which equated to approximately 1.3% of the practice list. The practice had audited the processes in place for carer identification and service provision with the support of the Carers Support Service. Carers were identified at the point of registration or during consultations with staff and were provided with a carer's information pack. This information directed carers to the various avenues of support available to them. Staff told us that carers were offered appointment times to fit in with their caring role. Records reviewed showed carers were offered health checks, flu vaccines and referred to social services if necessary.

The practice had a system in place to ensure that all relevant staff were made aware of bereavements. Notifications of death were received by a member of the administration team and the most relevant GP was made aware to ensure follow-up action. Staff told us that if families had suffered bereavement, their usual GP contacted them where this was considered appropriate. This contact was followed by a consultation at a flexible time and location to meet the family's needs or advice was given to the patients on how to find a support service if required.

Good

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 and Nottingham City clinical commissioning group (CCG) to secure improvements to services where these were identified.

The GPs identified patients at high risk of developing pre-diabetes and referred them onto a behaviour change programme. The programme is commissioned by NHS England as part of the "The Healthier You: NHS Diabetes Prevention Program" which was hosted at the practice. The service was available to patients registered with other local GP practices.

- The practice hosted the "JUGGLE" diabetes service in April 2016 in order to ensure patients from minority ethnic groups received education about the importance of monitoring and managing diabetes. The Juggle programme is suitable for patients with type 2 diabetes (not treated with insulin) who want to learn more about their condition.
- Comparative data for diabetes related indicators showed performance had improved by 10% from 70.5% in 2014/15 to 80.5% in 2015/16.
- The diabetes specialist nurse facilitated a monthly clinic to review patients with complex needs. This enabled patients to access care closer to home and increased the skills of clinicians in managing complex patients.

The practice hosted a number of services onsite to facilitate better access for patients (including patients from others practices) and to reduce the need for travel.

- This included: counselling services offered by a "let's talk wellbeing" therapist, ultrasound diagnostic provision, podiatry and physiotherapy services.
- The practice also provided a room for patients to consult with other professionals when this had been required. For example, the community mental health team met with patients on site so they could be seen within a familiar environment and a "falls and bones" specialist nurse facilitated a monthly clinic.
- Patients from other practices were able to access treatment room services such as phlebotomy, ear syringing and dressings as part of the Any Qualified Provider (AQP); thereby improving patient choice and access to local treatment.
- A health visitor clinic was available one afternoon every fortnight (usually Wednesday). The practice facilitated timely diagnosis and support for people with dementia, carried out health checks for patients with learning disabilities and provided a range of health reviews and screening to patients with chronic diseases. Longer appointments were available for all these patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. This included yellow fever vaccinations and the meningitis vaccine for 14 to 18 year olds which helps protect against four different causes of meningitis and septicaemia.
- A range of sexual health screening and family planning services were offered including support for all aspects of emergency and long term contraception.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Patients on repeat medicines could sign up for the electronic prescribing service which enabled them to collect their medicines from their preferred pharmacy.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Benchmarking data for 2015/16 showed the practice was ranked second lowest out of 58 local practices in respect of emergency admissions to hospitals for children aged five and under.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included regular visits to care homes aligned with the practice to ensure the residents were reviewed, monitored and received the treatment they required.
- The practice registered temporary residents including students and extended family members of patients visiting or living in the area during the academic holidays or short periods of time.
- The practice supported the needs of non-English speaking patients by providing them access to

Good

Are services responsive to people's needs?

(for example, to feedback?)

interpreters or telephone interpretation. The practice team including GPs spoke a total of five languages which were common within the Asian practice population.

- Reasonable adjustments had been made to ensure patients with disabilities and / or impairments were able to access services. This included all healthcare services being delivered on the ground floor, use of automated doors, wheelchair access, accessible toilets and a lowered reception desk area. The practice had a portable loop to help those with hearing difficulties.

Access to the service

The practice was open between 8am and 8.30pm on Mondays; 8am to 6.30pm Tuesday to Thursday; and 7am to 6pm on Friday. Extended hours appointments were available from 6.30pm to 8.30pm on a Monday and 7am to 8am on a Friday. The individual GP appointments times varied and we saw that appointments were available and staggered most part of the day to ensure choice and flexibility for patients.

GP appointments were generally from 8am to 6pm daily and planned surgeries were often extended in response to patient demand. Extended hours appointments were offered every Monday from 6.30pm to 8.10pm and on Friday from 7am to 8am.

We found access to appointments and services were proactively managed to take account of people's needs, including those with urgent needs. Feedback received from patients and comment cards was overwhelmingly positive about the continuity of care offered, appointments running on time and the appointment system being easy to use which enabled them to access the right care at the right time. Staff and patients we spoke with provided a range of examples to demonstrate the flexibility of the appointment system and this included accommodating opportunistic appointments, health checks and screening when patients presented at the practice

This feedback was aligned with the national GP patient survey results which showed that patients' satisfaction with how they could access care and treatment was better when compared to local and national averages; and this had been maintained since our last inspection.

- 80% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 57% and national averages of 59%.
- 71% of patients felt they don't normally have to wait too long to be seen compared to the CCG average of 55% and national average of 58%.
- 86% of patients described their experience of making an appointment as good compared to the CCG and national average of 73%.
- 94% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 78% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 61% and national average of 65%.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the practice manager's was the designated responsible person who handled the complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in an open and transparent manner. This included liaison with the Ombudsman and NHS England. Apologies were given to people making complaints where appropriate. Clinical complaints were reviewed as significant events to ensure lessons were learnt and we saw that action was taken as a result to improve the quality of care.

Complaints were analysed annually to detect themes and ensure all agreed action had been implemented. The most recent review had been undertaken in September 2016, of which seven complaints had been reviewed and learning was shared with staff. For example, the practice ensured all relevant staff had access to test results and received appropriate training in managing this information in response to a complaint. In addition, the practice implemented a policy to formalise the procedures in place for patients requesting for their results.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 1 March 2016, we rated the practice as requires improvement for providing well-led services because of the following reasons:

- Not all staff were aware of the practice vision and their responsibilities in relation to it.
- Some policies or procedures were not implemented in practice or required strengthening to ensure they were detailed for staff to refer to as guidance.
- The overarching governance framework did not always support the delivery of good quality care. This included arrangements to assess and monitor identified risks.
- The practice did not have effective systems in place for knowing about notifiable safety incidents and ensuring this information was shared with the Care Quality Commission to ensure appropriate action was taken.

We issued a requirement notice in respect of these issues and found some areas of concern had been addressed when we undertook a follow up inspection of the service on 1 December 2016. However, the practice remains requires improvement for being well-led because further work was needed to ensure systems were in place and operating effectively by using patient feedback to drive improvements and to ensure risks were identified, assessed and mitigated.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision had been discussed with staff and staff we spoke to understood their responsibilities in relation to it. The vision was driven by strategies relating to quality improvement and safety; which also reflected compassion, dignity and respect. Evidence from the national patient survey indicated this vision had not always been delivered in practice.

- Staff had an awareness of the practice values (openness, fairness, respect and accountability).
- The mission statement of the practice was shared with patients on the practice's website and in the waiting area. It covered key areas such as treating patients as equal persons, valuing staff, team working and partnership working with other care providers to deliver the best care for patients.
- The practice had a five year business plan in place and this covered areas such as staffing, the premises, patient services and service development. This plan was also accessible to staff.

Governance arrangements

The practice had some governance systems in place.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff as hard copies or via the practice's computer system. A schedule was in place to ensure policies were regularly reviewed and updated.
- The practice had improved on the recording of meeting minutes to ensure they were sufficiently detailed to include the discussions held, action points and lead person coordinating the agreed actions.
- A comprehensive understanding of the clinical performance of the practice was maintained. For example, the partners reviewed comparative data provided by their CCG and ensured actions were implemented to address any areas of outlying performance and positive achievements were acknowledged within the practice.
- Weekly meetings were held by the GP partners and the practice managers to assess and monitor the service provision. This included monitoring the clinical outcomes for patients and access to appointments.
- The management team had systems in place to report notifiable safety incidents to the Care Quality Commission. A list of the notifiable notifications was easily accessible to staff from their computers and had been included into the incident reporting guidance. At the time of our inspection, no Statutory Notifications had been received.

However, we found the practice had not implemented effective measures to drive significant improvements in respect of the national GP patient survey caring indicators, since the last inspection when the survey data had identified patient satisfaction as an issue. For example, 11 out of 12 satisfaction scores relating to consultations with GPs and nurses were below local and national averages; and 67% respondents would recommend this surgery to someone new to the area compared to a local average of 77% and national average of 78%.

Are services well-led?

Requires improvement

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

Additionally, systems that required strengthening included the recording of action taken in response to medicine related patient safety alerts and the follow-up process for patients on repeat prescription for medicines used in treating high blood pressure (ACE-inhibitors).

Leadership and culture

In response to our March 2016 inspection findings, an experienced part-time manager had been recruited to provide guidance to the existing leadership team and to drive improvement within the practice. The GPs and practice managers had lead roles in a range of clinical and non-clinical areas. Staff told us the partners and the practice management team were approachable and modelled supportive relationships. As a result, staff felt respected, valued and supported.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The practice offered affected people support, information and apologies things went wrong with care and treatment. This encouraged a culture of openness and honesty.

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

- Staff reported positive team working relationships and a culture of collective responsibility.
- A wide range of meetings were held within the practice on a regular basis. These included partners' and business meetings and whole staff team meetings.
- Staff told us there had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

- The practice gathered feedback from patients through the patient participation group (PPG) surveys and complaints received. There was an active PPG and the most recent meeting was held on 24 November 2016. Future meetings were to be held quarterly; with telephone and email contact used in between the meetings when needed. The PPG submitted proposals for improvements to the practice management team. This included improving the display of information and posters in the reception area. A PPG member we spoke with stated an open culture was promoted by practice staff and they welcomed any suggestions for improvement
- The practice reviewed the results of their friends and family test recent results. A total of 21 patients had completed feedback forms between August and November 2016 and 100% of patients would recommend the practice.
- The practice had gathered feedback from staff through regular meetings, appraisals and informal discussions. Staff told us the leadership proactively engaged and involved them in how the practice was run and their opinions were invited, considered and acted on. Staff also told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Further improvements were needed to ensure wider patient satisfaction with the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not implemented effective systems and processes to drive improvements since the last inspection when the survey data had identified patient satisfaction as an issue in the caring domain. For example, 11 out of 12 satisfaction scores relating to consultations with GPs and nurses were below local and national averages. The systems to enable the provider to identify, assess and mitigate risk were not operating effectively. For example areas needing strengthening were; improving the recording of searches and follow-up action taken in response to patient safety alerts; and strengthening the processes in place for following up patients on repeat prescription for medicines that are used to treat high blood pressure (ACE-inhibitors) to ensure they receive timely reviews. This was in breach of regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.