

West End Surgery

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?	Requires improvement	●
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 West End Surgery on 25 March 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective and well-led services. It was good for providing a caring, and responsive service. It also required improvement for providing services for all six of the population groups we inspected, based on the findings in the overall domains.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were not always assessed or well managed, specifically those relating to recruitment checks and infection prevention and control.

- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had not proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements are robust and ensure that all employment checks are carried out before staffs starts working at the practice.

Summary of findings

- Ensure risk assessments in place to protect patients and staff from risk of harm. Specifically in respect of infection prevention and control. Additionally infection control audits should be carried out and their findings acted on.
- Ensure there are formal governance and management arrangements in place and staff are aware how these operate. For example policies, procedures and guidance to carry out their role and that feedback from staff and patients is responded to.

In addition the provider should:

- Consider how to improve the availability of non-urgent appointments.
- Keep records of equipment checks for defibrillator and emergency medicines

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 as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe as risk assessments were brief and not specific to the practice. The practice recruitment statement lacked detail and the staff files we looked at did not contain all the required pre-employment and registration checks. Some we saw lacked references and employment history checks.

Requires improvement



Are services effective?

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

Data showed patient outcomes were variable, with some being at or above average for the locality and others being below. Those below included outcomes for, diabetes, cancer, chronic kidney disease, chronic obstructive pulmonary disease and dementia. Knowledge of and reference to national guidelines was inconsistent. Staff had not received regular appraisals and we did not find evidence of regular or role specific training.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Nursing services were rated particularly highly for patient satisfaction. The 2014/15 GP Patient survey showed that 99% of patients said the nurse was good at listening to them, 98% felt the nurse was good at treating them with care and concern and 94% felt the nurse was good at involving them in their care. Patients said they were treated with compassion, dignity and respect although they did not always feel involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect. Safe and robust systems were in place to protect patient confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Information about how to complain was available to patients and evidence showed that learning from complaints had been shared

Good



Summary of findings

with all staff. The practice had taken steps to meet the needs of patients who required additional support with communication, anxiety and access. A dedicated phone line and longer appointments were available for patients who had higher support needs.

Survey data feedback from patients indicated there were issues with access to a named GP and continuity of care was not always available quickly. Urgent appointments were usually available the same day although some patients experienced a long wait. However the practice was aware of this and had taken steps to address the issue.

Are services well-led?

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

The practice had a vision and a strategy that all staff were aware of and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity. We found that the policies we were shown during the inspection lacked detail and were overdue a review. Governance meetings were held on an ad hoc basis and records were not always kept. The practice did not have a system to proactively seek feedback from patients and staff and the patient participation group (PPG) did not feel engaged. Evidence was lacking to show staff had received inductions and not all staff had received regular performance reviews.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people reflected current evidence-based practice, however nationally reported data showed that outcomes for patients for some conditions commonly found in older people were mixed. For example, QOF results in respect of Rheumatoid arthritis, cancer and dementia were all significantly below the CCG average. Longer appointments and home visits were available for older people when needed, along with a dedicated telephone line for patients with more complex needs.

Requires improvement



People with long term conditions

The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

High turnover of staff meant there was a lack of continuity in lead roles in chronic disease management. As a consequence there was variability in terms of the practice performance on QOF for different long term conditions. However patients at risk of unplanned hospital admission were identified as a priority and regular multi-disciplinary team meetings were held to discuss patients with complex needs. Longer appointments and home visits were available when needed. All these patients were invited for an annual review to check that their health needs were being met. A pharmacist carried out a review of patients medications.

Requires improvement



Families, children and young people

The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children on the 'at risk' register, those who had high A&E attendances and those who had accessed the mental health crisis

Requires improvement



Summary of findings

team. Immunisation rates for the standard childhood immunisations were below the local and national averages for some age groups. For example MMR, Infant Meningococcal Vaccine and Infant Hib. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, including those recently retired and students had been identified and the practice had put in some measures to meet their needs. For example extended opening hours on Wednesdays, online appointment booking and prescription requests. 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. Including health checks for those aged 40 – 75 and minor surgery clinics.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living vulnerable circumstances including homeless people and those with a learning disability. Evidence showed that of the 18 patients with learning disabilities, only two on the register had received a health check or been followed up. Regular health checks are essential to ensure there are no changes to the health of patients with learning disabilities.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as good for caring and responsive overall and this includes for this population group. The provider was rated as requires improvement for safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

We saw evidence which showed the practice was performing below local and national averages (being 17.5% and 15.3% points below respectively) for carrying out health checks for patients experiencing poor mental health.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia as well offering screening for memory problems and onward referral. However, evidence we saw showed the practice was performing significantly below local and national averages for completing health checks and blood tests for patients with dementia, being 16.5 and 13.2% points below respectively.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE, (mental health support charities which aim to provide advice and support to empower anyone experiencing mental health problems). It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

Prior to the inspection, we received comment cards from two patients. During our inspection we spoke with five patients. Comments we received from patients regarding the care and services they received varied. One person expressed concerns about the staff turnover, poor consistency of care, the fact that they had to attend in person for repeat prescriptions and access to the appointments. In contrast to this one patient described the practice as brilliant and the best.

Patients we spoke with told us that the premises were clean and accessible. They described the majority of staff as professional, friendly, caring, and helpful, and felt that they were treated with dignity and respect. They also said that they felt listened to, and able to raise any concerns with staff if they were unhappy with their care or treatment at the service

The practice had a Patient Participation Group (PPG). A PPG includes representatives from the population groups

who work with the practice staff to represent the interests and views of patients to improve the service. The PPG told us they did not always feel engaged with or listened to by the practice.

The GP National Patient survey for 2014/2015 showed lower than average levels of satisfaction with the service, particularly for access, involvement and communication. The survey showed very high levels of satisfaction with the nurse led consultations.

We looked at the national GP survey results for 2015 which 101 patients completed. The results showed 72% of patients rated the practice as good or very good. This was below the local and national averages of 88% and 86% respectively. The practice was well above average for its satisfaction scores on consultations with nurses with 100% of practice respondents saying they had confidence and trust in the nurse they saw at their last visit and 99% saying the nurse gave them enough time.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements are robust and ensure that all employment checks are carried out before staffs starts working at the practice.
- Ensure risk assessments in place to protect patients and staff from risk of harm. Specifically in respect of infection prevention and control,. Additionally infection control audits should be carried out and their findings acted on.

- Ensure there are formal governance and management arrangements in place and staff are aware how these operate. For example policies, procedures and guidance to carry out their role and that feedback from staff and patients is responded to.

Action the service **SHOULD** take to improve

- Improve the availability of non-urgent appointments.
- Keep records of equipment checks for Defibrillator and emergency medicines

West End Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP, a second CQC inspector and a practice manager.

Background to West End Surgery

West End Surgery provides primary medical services to 5,204 patients. The practice area includes Beeston and Chillwell in Nottingham.

The staff team includes 13 administrative staff, a practice manager, a healthcare assistant (HCA) and four GPs (two salaried and two partners). All staff are female except for one GP.

The practice holds a General Medical Services (GMS) contract to deliver essential primary care services. The practice opted out of providing out-of-hours services to their own patients. This is covered by NEMS provider.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

Prior to our inspection we reviewed information about the practice and asked other organisations to share what they knew about the service, including Healthwatch and the overview and scrutiny committee.

We carried out an announced visit on 25 March 2015. During our visit we checked the premises and the practice's records. We spoke with the practice manager, the senior partner, salaried GP's, healthcare assistant and reception and clerical staff. We also received comment cards we had left for patients to complete, and spoke with patients and a member of the Patient Participation Group (PPG).

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 are provided for specific groups of people and what good care looks 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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. We found that the meetings were held regularly and attended by all staff groups including attached staff such as the community midwife, district nurse and palliative care nurse. The records showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last two years and we looked at these. We saw evidence of a recent dedicated significant events meeting that was held to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example, a patient's test results were labelled incorrectly as not requiring further action as staff were unfamiliar with the new computer system. The cause of the issue was identified and additional training offered for all staff.

National patient safety alerts were disseminated electronically by the reception manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible

for. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

We saw that the practice had some systems in place to manage and review risks to vulnerable children, young people and adults. A policy on safeguarding vulnerable adults was available to staff. The practice manager was updating the safeguarding vulnerable children's policy at the time of the inspection. The current policy was dated August 2004.

Training records were not available to show that all staff had received relevant role specific training on safeguarding in the last three years. The practice manager assured us that they were looking to provide further training. Following our inspection the practice provided evidence that this training had been booked for April 2015. We asked members of medical, nursing and administrative staff about their most recent training. Staff told us that due to the changes at senior staff level they had not completed training in the past year.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns. We noted that clinical staff had access to the contact details of relevant agencies in working hours and out of normal hours. This information was displayed in the consulting rooms.

The senior GP was the lead in safeguarding vulnerable adults and children. They told us that they had been trained and could demonstrate they had the necessary skills and knowledge to enable them to fulfil this role. All staff we spoke with were aware who the lead was to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible in the waiting area and consulting rooms. (A chaperone is a

Are services safe?

person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). To ensure a chaperone was always available, members of reception and administrative staff had undertaken training to perform the role. Records showed that they had undertaken relevant training. Staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. We saw evidence that these staff members had DBS checks in place

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The healthcare assistant administered flu vaccines. We saw the healthcare assistant had received appropriate training to administer vaccines. Although we did not see evidence that Patient Specific Directives (PSD) were in place at the time of our inspection, the practice provided information which assured us that appropriate clinical supervision and authorisation was in place for all vaccinations.. A Patient Specific Direction is a written instruction from a prescriber (e.g. doctor) to supply and/or administer a medicine directly to a named patient. The PSD can be written in any format as long as these essential details are included, Name of the patient, Date the PSD was signed, Signature of authorising prescriber, Name, strength, form, dosage and route of the medicine to be administered.

The senior partner told us that they did not provide repeat prescriptions for high risk medicines. The practice prescribed warfarin but the dosing of this was managed at the anti-coagulation clinic, including regular monitoring in line with national guidance. The practice was supported by a CCG pharmacist who carried out regular checks of all

prescribed medicines including those deemed to pose a high risk to patients. The pharmacist told us the practice team were good to work with and they responded positively to suggestions and advice.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We observed the patient areas to be clean and tidy but observed certain office areas had not been deep cleaned as we saw thick dust in places. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice employed their own cleaner having previously used a contract cleaner. Records were not available to show that the cleaning staff had completed infection control training.

The healthcare assistant had taken over the temporary lead role for infection control until a new nurse was appointed. We saw evidence that they had undertaken appropriate training to carry out this role.

An infection control policy and supporting procedures were available for staff to refer to. It was evident that staff were not following the policy. We asked to see evidence of audits that staff had completed in the last two years to monitor the standard of cleanliness, and ensure that appropriate practices were being followed. None were available. We noted that staff had access to personal protective equipment including disposable gloves and aprons to use to comply with the practice's infection control policy.

Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms and patient toilets.

A policy was in place for the immunisation of staff at risk of the exposure to Hepatitis B infection, which could be acquired or passed on through their work. We saw records which showed 18 of 19 staff were up to date with their vaccinations, and had received a 5 yearly booster where required. One clinical member of staff was identified as a

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non-converter for the vaccination, which meant they did not have immunity to the disease; however we did not see evidence that a risk assessment had been developed for this person.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

We reviewed employment records of the four most recently employed non-clinical staff. We found that robust recruitment procedures had not been followed to ensure that the new staff members were suitable to carry out their role.

All four files we reviewed did not contain all the information required by current legislation prior to a staff member commencing employment at the practice. For example, these four files did not include a full employment history. We were not provided with evidence that the practice had sought or recorded satisfactory information about any physical or mental health conditions, which may be relevant to the person's ability to carry out their role. Evidence was not provided to show that satisfactory character references, proof of identity and a recent photograph had not been routinely obtained for all staff. Also, we were not shown evidence that these staff members had completed an induction to ensure they had the information and training to carry out their role. Additionally we checked the files of a salaried GP, healthcare assistant and locum GP/s and nurse. We found that two of these files did not contain the required pre-employment information, including photographic ID, character references, evidence of current registration with the relevant professional body and confirmation of registration on NHS performers list.

In view of recent staff changes the practice used locum GPs and practice nurses. Some of which were known to the

practice and some were recruited through agencies. We checked the systems in place for ensuring that locum staff working at the practice had the necessary skills, experience and training and were suitable to work with vulnerable adults and children. We found that robust procedures were not in place. For example, we looked at the files for locum staff and found that not all contained all the required pre-employment information. NHS Employers produced guidance on the appointment and employment of NHS locum doctors in August 2013. The guidance places the ultimate responsibility on the employer to ensure that a locum GP is suitable for the role.

A policy or procedure was not available for checking nurse's qualifications and continued registration to practice with their relevant professional body. And we did not see evidence that these were carried out. This information was available for GPs.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff required to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

The senior GP told us that the practice had undergone significant staff changes in the last 18 months. Three partners had retired, a further partner was due to leave, the three practice nurses had left and there had been a change in practice manager and healthcare assistant. These changes had significantly reduced the staffing cover and continuity of patients care. The changes had resulted in the use of GP and nurse locum cover. Although the use of locum GPs had reduced in the last six months following the appointment of two salaried GPs. Interviews were being held with a view to appointing a new GP and nurse/s to replace the clinical staff that had left. The stability of the staff team was improving.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. However we found policies lacked detail

Are services safe?

and not all had been reviewed. Annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment had been carried out. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. There was not an identified health and safety representative.

Risks were assessed and rated and mitigating actions recorded to reduce and manage the risk. We found the risk assessments to be brief and not always specific to the practice environment

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice manager was aware that in view of recent staff changes that all staff clinical and administrative had not received recent training in basic life support. Following our inspection we saw that this training had been completed in April 2015.

Emergency equipment was available that including access to an automated external defibrillator and oxygen (used to attempt to restart a person's heart in an emergency). Members of staff we spoke with all knew the location of this equipment. Although the equipment was in date and working, completed records were not available to show that the equipment was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and

hypoglycaemia. Whilst a checklist was available there was no evidence to show that this had been completed on a regular basis, to ensure all emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

The practice manager told us that they had recently completed a fire risk assessment. They had yet to complete all actions required to maintain fire safety. Records showed that the fire alarm system and the emergency lighting had been serviced at the required intervals. Records were also available to show that a 5 yearly electrical installation check had been completed in September 2014.

The practice had a trained fire marshal but records were not available to show that all staff were up to date with fire training and that they had practised regular fire drills, to ensure they knew what to do in the event of a fire. One of the reception staff told us that they could not recall having undertaken a fire evacuation drill in the last three years.. A fire evacuation log sheet was not available to show when a fire drill was last completed. We raised our concerns with the local Fire Protection Officer (FPO) who told us they would carry out an inspection visit.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners using standard Quality and Outcomes Framework (QOF) data. QOF is a national recording system used to monitor the performance of GP services in a number of areas.

The practice provided a list identifying lead GP's in a number of specialist clinical areas such as minor surgery, pregnancy support, mental health, diabetes, men's health and palliative care. At the time of our inspection regular practice nurses were not employed to support this work or undertake lead roles. The practice informed us they would be holding interviews for these posts shortly after our inspection. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines. Our review of the clinical meeting minutes confirmed that this happened.

We spoke with the Clinical Commissioning Group (CCG) Pharmacist who worked at the practice one and half days per week. They told us the practice was in line with others in respect of prescribing antibiotics when compared with other practices in the area. The practice was also had comparatively low rates for the prescription of opiates (strong pain relieving medicine).

The pharmacist told us they completed a review of case notes for patients with high numbers of repeat prescription items. The results showed all patients had received appropriate treatment and regular review. The practice used computerised tools and a 'red card' system to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral of patients who may have cancer under the target waiting time of two weeks.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate. We noted that the practice had received positive feedback for it support for transgender patients.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. We saw notes of a practice meeting where allocation of these areas to individual staff members was discussed and agreed. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice showed us two clinical audits that had been undertaken in the last two years. Both of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, the practice had reviewed the identification and care of patients who had undergone a splenectomy (surgical removal of the spleen). The audit looked at recording the patient's status, prophylactic prescribing of flu vaccine and ensuring patients had up to date information regarding management of their condition. The audit showed all areas had improved between the original audit and when it was repeated.

The practice also carried out audits in conjunction with other practices in the area as part South Nott's Audit Group, (SNAG). This allowed practices to share information, look at larger population groups and benchmark their performance against similar services. Other examples included audits to confirm that the GPs who undertook minor surgical procedures were doing so in line with their registration and National Institute for Health and Care Excellence guidance.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. There was significant variability in the practice performance in different areas. For example, the practice met all the minimum standards for QOF in Learning Disability (14.3%

Are services effective?

(for example, treatment is effective)

points above the CCG average), palliative care (4.2% points above the CCG average), asthma (0.1% points above the CCG average), and atrial fibrillation (0.1% points above the CCG average). However the practice was below the local and national average in QOF performance for a number of areas including, cancer (19.5% points below the CCG average, 21% below the national average), chronic kidney disease (3.4% points below the CCG average, 3.3% below the national average), chronic obstructive pulmonary disease (8.5% points below the CCG average, 5.5% below the national average) and dementia (16.5% points below the CCG average, 13.5% below the national average).

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by a GP. This was also checked by the CCG pharmacist working with the practice.

Staff told us they checked that routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP prescribed medicines. We saw evidence from clinical meeting notes that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs. This was confirmed by the CCG pharmacist we spoke with.

The practice had implemented nationally recognised standards for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar practices in the area. This benchmarking data showed the practice had a number of outcomes that were lower than other practices in the area. For example, in the management of diabetes, cancer, chronic kidney disease, chronic obstructive pulmonary disease and dementia.

Effective staffing

At the time of the inspection practice staffing included medical, managerial and administrative staff. We reviewed

staff training records. These did not show that all staff were up to date with attending training courses identified as mandatory by the practice, such as basic life support, fire awareness and infection control. The nursing cover was limited to eight hours a week, which was covered by a locum nurse. The practice manager assured us that from April 2015 the nursing hours were increasing to 24 hours a week provided by further locum nursing staff. The healthcare assistant (HCA) was also increasing their hours from 25 to 30 hours a week. Following our inspection we saw that a full time nurse was appointed to the practice in June 2015.

We saw that a number of specialist nurses visited the practice to see patients including, diabetes nurse specialist, Atrial Fibrillation nurse specialist and Macmillan nurse.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Staff told us they had received induction training and support to enable them to carry out their work. This was confirmed by the practice manager however, not all staff files we checked included a recorded induction providing evidence that they had received appropriate information and training to support them in their role.

In discussions with the healthcare assistant we established that they were undertaking various roles in support of the locum practice nurse. This included spirometry and health reviews of patients (COPD, CKD, hypertension, cardio-vascular and asthma) with long term conditions. We saw that they had attained relevant qualifications to carry out these tasks.

The HCA told us they were also responsible for infection control, and administering flu vaccines.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with

Are services effective?

(for example, treatment is effective)

complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service reports both electronically and by post.

The practice had a procedure to indicate how communications from other providers and test results would be read, scanned and acted on. We saw that a dedicated member of staff was responsible for scanning and summarising communications and ensured clinicians were aware of any developments. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

There had been one recorded incident where results were not followed up appropriately. This was a result of staff not being aware of how results were reported on a newly installed computer system. The issue was identified quickly and followed up with the patient, further training was offered to all staff and a significant event investigation carried out.

The practice held multidisciplinary team meetings every six weeks to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers and palliative care nurses. Decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

For emergency patients, there was a policy of providing a printed copy of a Summary Care Record for the patient to take with them to A&E. An electronic version of the Summary Care Record was also available. One GP showed

us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. The system had been installed for nine months prior to our visit. We saw that all staff were fully trained on the system but still finding new ways of making best use of the options. The new practice manager was providing additional training and support to all staff.

Staff commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The system had been used to help review an incident relating to a missing test result which helped staff address the issue and improve their follow up procedures.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For example with regard to Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Vulnerable patients, those with additional support needs, patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. However records we looked at showed that not all of these care plans had received an annual review..

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

Are services effective?

(for example, treatment is effective)

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

It was practice policy to offer a health check with the healthcare assistant to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years, which included essential checks such as blood pressure, weight and cholesterol, and screening for conditions such as atrial fibrillation (a condition that causes an irregular heartbeat) and diabetes.

Practice data showed that 360 of patients in this age group took up the offer of the health check. A GP showed us how patients were followed up if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had 18 patients on the learning disability register. Although care plans were in place, records we looked at showed pro-active reviews were not completed for everyone in the last 12 months. We were concerned about this as regular health checks are essential to ensure there are no changes to the health of patients with learning disabilities. The confidential inquiry into the premature deaths of patients with learning disabilities identified that this group of patients experienced poorer health and died younger than others. Following our inspection the practice informed us two patients had received a health check.

The practice had identified the smoking status of 73% of patients over the age of 16 and actively offered nurse-led smoking cessation clinics to 86% of these patients.

The practice's performance for cervical smear uptake was 73.74%, which was similar to the national figure (73.4%) and slightly lower than that of other services in the CCG area (78%). There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend. However at the time of our inspection the practice did not have a full time nurse in post and was relying on locum cover.

Performance for national, mammography (77%) and bowel cancer (60%) screening in the area were slightly below the average for the CCG (78%, 64% respectively). A similar mechanism of following up patients who did not attend was also in for these screening programmes. The effectiveness of these follow up systems was limited by the lack of staff availability.

The practice offered a full range of immunisations for children, as well as travel vaccines, shingles and flu vaccinations in line with current national guidance. The 2013 to 2014 data for all childhood immunisations showed that although the practice was achieving the 90% target for childhood immunisations, its performance was below the average area vaccination rates for the Clinical Commissioning Group (CCG), in 13 out of 16 vaccinations. A system was in place for following up patients who did not attend for their immunisation vaccine.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published in 2015, responses to CQC comment cards, a review of complaints and a survey carried out by one of the GP partners regarding satisfaction with their consultations. The evidence from all these sources showed the majority of patients were satisfied with the care and treatment they received and felt that staff treated them with dignity and respect.

However, not all patients were satisfied as evidenced by data from the national patient survey which showed 72% of patients rated the practice as good or very good. This was below the local and national averages of 88% and 86% respectively. The practice was significantly above local and national averages for its satisfaction scores on consultations with nurses with 100% of practice respondents saying they had confidence and trust in the nurse they saw at their last visit and 99% saying the nurse gave them enough time.

Prior to the inspection we supplied the practice with CQC comment cards to gather patient's views on what they thought about the practice. We received two completed cards. One person expressed concerns about the staff turnover, poor consistency of care, the fact that they had to attend in person for repeat prescriptions and poor access to appointments. In contrast to this the second comment described the practice as brilliant and the best.

We spoke with five patients during the inspection. All five told us they felt they were treated with dignity and respect by the majority of staff and were generally happy with the care they received.

We saw that all consultations and treatments were carried out in private behind closed doors. Curtains were available in each room to further preserve patient dignity and privacy during examination and conversations could not be overheard outside the treatment rooms.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that patient information was kept private. For example, we observed a telephone conversation during which the caller requested confidential information. The receptionist

informed the patient they would call them back on the number listed on their medical records to confirm their identity. At all times confidentiality was maintained and checks on patient identity were carried out at the start of conversations.

We saw that a private room was available for patients discuss issues confidentially and that the practice manager had developed an information governance toolkit to further protect patient data and confidentiality.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. We saw records of a recent incident where the practice policy for zero tolerance for challenging behaviour had been applied. The practice manager told us that they would always apply the policy to protect patients, visitors and staff from any behaviour that may be seen to be abusive or aggressive. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. We saw that this was referred to during correspondence relating to the incident.

Care planning and involvement in decisions about care and treatment

The data from the GP National patient survey published in 2015 we reviewed showed patients did not always feel they were involved in planning and making decisions about their care and treatment and rated the practice below local and national averages for this area. For example, data from the national patient survey showed 74% of practice respondents said the GP involved them in care decisions and 78% felt the GP was good at explaining treatment and results. However the results from the practice's satisfaction survey for one partner showed that 87% of patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them but they did not always feel involved in or able to make an informed decision about, the care and treatment they received. Patient feedback on the two comment cards we received was split between these views.

Are services caring?

The practice had a large number of Chinese patients registered due to the proximity to Nottingham University. Staff told us that translation services were available for patients who did not have English as a first language. The practice also had access to sign language and other communication assistance from the deaf society. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed and patients we spoke with, showed the majority patients were positive about the emotional support provided by the practice and rated it

well in this area. This was particularly noted for treatment received from the practice nurses. The patients we spoke with on the day of our inspection told us they felt staff treated them with kindness and compassion and felt that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs. Systems in place to maintain the level of service provided, although these systems were not always effective due to high turnover of staff following retirement of GP partners. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The senior GP gave various examples of how they were responsive to individual's needs, including those who regularly attended A&E. For example, the practice had effectively supported and treated a patient's anxiety, which had reduced their need to attend A&E regularly. A disabled person who could not contact the practice by telephone had been supported to contact the practice and access consultations by email, where possible. A further patient who had limited verbal communication communicated with the practice via their I Pad.

The practice had a separate phone line for patients with palliative care needs and those with additional support needs at to enable them direct access to the service.

The NHS England Area Team and Nottingham West Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss their needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

For example, on going road works outside the practice had limited access for patients. The CCG had requested additional home visits be carried out to ensure continuity of care. Additionally the CCG funded a care coordinator role for all practices to share information regarding patients with increased need, those who were frail and those recently discharged from hospital.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had a diverse range of patients registered including students, unemployed, transgender and those with a poor mental health.

The practice had a population of 98 % English speaking patients though it could cater for other different languages through an interpreter service. Staff told us they preferred to book an interpreter to attend in person rather than use a telephone service as they found it more reliable and easier for patients to use. Additionally the practice had access to a sign language interpreter for patients who required this service.

. Staff said that equality and diversity was regularly discussed at team events and meeting. During our inspection we observed staff treating all patients compassionately and with dignity and respect. We saw that the practice had received praise from patients for its supportive and open attitude towards transgender patients.

The practice was situated on three floors of the building. All services for patients were located on the ground floor. The floors were accessed by stairs. Accessible toilet facilities were available on the ground floor for all patients attending the practice including baby changing facilities. The premises had recently been adapted to meet the needs of patient with disabilities.. The alterations had been jointly funded by the practice and the CCG.

Access to the service

The practice was open from 8:00am to 6:30pm Monday to Friday with extended opening to 8:30pm on a Wednesday. Same day appointments were offered on a 'first come, first seen basis' and were available between 8:50am and 10:00am. Named GP appointments could be booked by calling the practice at 8:00am. A telephone consultation service was in place with a dedicated GP allocated to calls for each session.

The practice website contained a range of information relating to appointments and access to the service. An online appointment booking service was available to patients who had registered along with an online repeat prescription request facility. The practice had opted out of providing out-of-hours cover to its patients, this service was provided by a 111 service operated by an independent provider Nottingham Emergency Medical Services. Details of how to access the service were displayed on the website and via a telephone answer message.

Are services responsive to people's needs?

(for example, to feedback?)

Patients who had additional support needs or may require a longer appointment were able to book a double appointment if needed. Appointments with a named GP or nurse were available on request although these were allocated on first come first seen basis.

Feedback from we showed that patients were generally dissatisfied with the appointment system in place. Although some patients told us they had not experienced any difficulty in making appointments, the majority told us they found it difficult to make an appointment at the practice. Patients told us they had waited up to three weeks for an appointment with a named GP. This dissatisfaction was reflected in the patient survey data for 2015 which showed that 40% of patients with a preferred GP were able to see that GP. This was below the local average of 65%. Additionally 69% of patients described their experience of making an appointment as good, compared to a local average of 82%.

We found that the practice was aware of these issues and had taken steps to review the appointment system, including telephone triage. The practice had also protected several appointments each day to ensure availability for patients who may be in need of urgent care. Patients we spoke with confirmed that had had been able to access these appointments when required.

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. The Practice Manager was the designated responsible person who handled all complaints in the practice. However staff we spoke with told us they always tried to address any complaints and concerns with patients as they occurred rather than progress to formal procedures.

We saw that information was available to help patients understand the complaints system including a specific complaints leaflet, patient information leaflet and posters. Information on the practice website advised patients to contact the reception desk directly if they wished to raise a complaint. We spoke with five patients regarding the complaints system. All five were aware of the process to follow although none had ever felt they needed to raise a complaint.

We looked at 12 complaints received in the last 12 months. We saw that all were handled effectively and dealt with in a timely open and transparent manner. Although two were still ongoing, patients were kept informed of progress throughout the process.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and noted the theme of access to appointments had been identified. We saw that lessons learned from individual complaints had been acted on and shared with practice staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a mission statement to deliver the best quality care, tailored to patient's individual needs, providing all core primary care services and developing a range of enhanced services. The senior partner told us, and we saw evidence which confirmed, that this had been completed with the involvement of staff. The mission statement was available to staff and patients visiting the practice. Staff we spoke with knew and understood the values and aims of the service, and what their responsibilities were in relation to these.

The senior partner told us that regular business meetings had not been held recently to discuss future plans in view of the changes in the partnership. Three GP partners had retired in the last thirteen months and a further partner was due to leave at the end of March 2015.. The remaining GP was reviewing the future registration and various business options available.

A new full time salaried GP had been appointed, with a view to possibly becoming a partner. The partners told us that in view of the changes, the practice was undergoing a settling period. The current focus was more on short to medium term plans for future development.

The partners had set out various plans for 2015, such as developing the IT systems to improve efficiency and access to information. Staff we spoke with were aware of the future plans, and were committed to new ways of working to ensure the service was well-led.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a folder containing these policies and procedures which included evidence that staff had completed a cover sheet to confirm that they had read the policy and when. The policies and procedures we looked at had been reviewed prior to our inspection and were up to date. However we found the majority of policies lacked practice specific detail and did not have staff identified as responsible individuals.

There was a clear leadership structure. For example, a GP was the lead for safeguarding and the healthcare assistant

(HCA) was the infection control lead. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us that the practice had experienced a period of instability but all felt things had improved recently and told us they now felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice for 2013 – 2014 showed it was performing slightly below national standards. We saw that QOF data was discussed at clinical and practice team meetings and suggestions were made to maintain or improve outcomes.

The practice manager showed us the risk log, which addressed a wide range of potential issues, for example, fire, display screen equipment, sharps injury, spillages and window blinds. We found that all the policies we looked at lacked detail and required update and review. We could not find evidence that the risk log or risks were discussed at team meetings. Risk assessments had been carried out for the above areas and very brief action plans had been produced.

The practice held clinical and practice meetings. We looked at minutes from previous meetings and found that performance, quality, Care Quality Commission (CQC) inspections and risks had been discussed.

Leadership, openness and transparency

We saw notes of practice and clinical meetings for the last year. The meetings were held at irregular intervals but demonstrated there was an open culture within the practice. This was confirmed by staff who told us they had the opportunity to raise issues at team meetings and were confident they would be addressed. Staff also told us they could speak to the senior partner or practice manager at any time between meetings if they had a concern.

We were shown the practice intranet system which was available to all staff. This included policies and procedures on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. We saw that staff had signed to say they had read and understood the policies.

Seeking and acting on feedback from patients, public and staff

Are services well-led?

Requires improvement 

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

The practice had gathered feedback from patients through complaints received, the national GP Patient Survey, NHS Choices and an individual survey completed by a GP. The evidence from all these sources showed the majority of patients were satisfied with the care and treatment they received and felt that staff treated them with dignity and respect. However, not all patients were satisfied as evidenced by data from the national patient survey. The practice was well above average for its satisfaction scores on consultations with nurses with the majority of respondents saying they had confidence and trust in the nurse they saw at their last visit.

We could not find evidence that the practice had made changes to the way services were provided based on patient feedback. However we saw that complaints and comments were reviewed at regular multi-disciplinary team meetings.

We spoke with the Patient Participation Group (PPG). They told us that although staff did attend PPG meetings, they did not feel listened to or engaged by the practice. They showed us records of previous work from 2011 including patient surveys relating to access and nurse led clinics. However they told us that they had not carried out any work with the practice for 18 months. The PPG told us they did not feel the practice appreciated the value of a PPG and the benefit and positivity it could bring to the service.

The practice had gathered feedback from staff through team meetings and informally through conversations. Staff acknowledged that they had experienced a period of disruption with the loss of partners and other staff but felt things had improved in recent months. They told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that in recent months they felt more involved and engaged in the practice and were committed to improving outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients. We saw that all significant events were investigated appropriately and well written. We saw that action plans were developed from all incidents. For example, a patient's test results were labelled incorrectly as not requiring further action as staff were unfamiliar with the new computer system. The issue was identified and additional training offered for all staff.

We did not see evidence that staff were supported to obtain additional qualifications or given assistance to maintain their clinical professional development. Staff told us that they had not received formal appraisal or supervision in the past year and we did not see a record of planned appraisals during our inspection. Staff told us however that they felt able to raise a concern or seek advice from their line manager and felt well supported. Following our inspection the practice provided information outlining an updated training and appraisal schedule.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment (Previously HSCA 2008 Regulation 10 Assessing and Monitoring the Quality of the Service. Regulation 12 Cleanliness and Infection Control) How the regulation was not being met: Risk assessments were not in place to protect patients and staff from risk of harm. Specifically in respect of recruitment checks, infection prevention and control. Regulation 12 (1) (2) (a) (b) (h)
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 (Previously HSCA 2008 Regulation 21 Requirements relating to workers) Robust recruitment arrangements were not in place. Required pre-employment checks had not been carried out for all staff. Regulation 19 (2) (a) (3) (a) (b)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed (Previously HSCA 2008 Regulation 21 Requirements relating to workers) Robust recruitment arrangements were not in place. Required pre-employment checks had not been carried out for all staff.

This section is primarily information for the provider

Requirement notices

Regulation 19 (2) (a) (3) (a) (b)