

Dr Clifford Ojukwu

Quality Report

Birmingham Heartlands Surgery
78-81 Gray Street,
Bordesley Village,
Birmingham,
B9 4LS

Tel: 0121 772 2020

Website: www.birminghamheartlandsurgery.co.uk

Date of inspection visit: 15 September 2015

Date of publication: 24/12/2015

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Clifford Ojukwu	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr C Ojukwu on 15 September 2015. Overall, the practice is rated as requires improvement. The practice is rated as good for the provision of effective and well led services but requires improvements in the provision of safe, caring and responsive services.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Information about how to complain was available and easy to understand

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice had implemented suggestions for improvements made by the Patient Participation Group (PPG) to the telephone system, with further changes planned so that patients had improved access to appointments. Patients told us the practice had made some improvements recently although some patients said that they still had difficulty making an appointment by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that the nurse treatment room is adequately maintained so that infection control is managed effectively for the safety of patients and staff.

Importantly the provider should:

- Ensure an action plan is drawn up to show how the practice aimed to address the results shown in the national patient surveys and the action taken.
- Ensure that the health and safety of staff is assured when using computer equipment situated in the nurse's treatment room.
- Improve the availability of non-urgent appointments.

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 improvements should be made. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well-managed, although the practice had not ensured that the nurse treatment room was adequately maintained so that infection control could be managed effectively. The health and safety of staff had not been assured when using computer equipment situated in the nurse's treatment room.

There were robust safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep patients safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity to provide services and promoting good health for all patients. Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to improve outcomes for patients.

Good



Are services caring?

The practice is rated as requires improvement for providing caring services as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. Results from the national GP patient survey 2014/2015 showed the practice scored below average results in relation to patients' experience and their satisfaction scores on consultations with GPs and nurses. Out of the 447 surveys sent to patients 76 had been returned which represented a 17% completion

Requires improvement



Summary of findings

rate. The practice had carried out its own survey during 2014/2015 and these results showed that 90% of the 100 patients surveyed were satisfied with the care they received and 96% of patients felt that they were treated with dignity and respect by the practice.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both at the reception desk and on the telephone, and that patients were treated with dignity and respect. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and that the GP took time to listen and explain their care needs so they felt able to understand.

Patients said they were treated with compassion and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of their patient population and linked with other agencies to ensure their care needs were being met.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there are areas where improvements should be made. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.

Some patients said they found they were not always able to make an appointment with the GP and that access to an appointment to ensure continuity of care was not always available quickly. Comments had been made on NHS Choices website about the difficulty in obtaining appointments. The practice had made some improvements to the telephone system and on-going improvements were planned to further improve patient access. Patients told us that urgent appointments were available the same day.

The practice building had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were

Good



Summary of findings

systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young patients who had a high number of accident and emergency (A&E) attendances. Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and access to the premises was suitable for children and babies. We saw good examples of joint working with midwives, health visitors and district nurses. The practice also offered a number of online services, including booking appointments and requesting repeat medicines.

Data showed that childhood immunisation rates for the vaccinations given were mixed and were below average rates when compared with national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 91.9% and five year olds from 50.8% to 100% which compared with CCG rates of 86.4% to 96.4% and 84.2% to

Requires improvement



Summary of findings

96.6% respectively. Flu vaccination rates for the over 65s were 67.36% which was lower than the national average of 73.24%. The rates for those groups considered to be at risk were 57.69% which was higher than the national average of 52.29%.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations, sexual health, cervical cytology and some long term conditions. Data for 2014/2015 showed however that the uptake on cytology screening by patients at 77.51% was below the national average of 81.89%.

The healthcare assistant carried out new patient checks and routine treatment in the practice.

The practice offered extended hours appointments from 6pm to 8pm on Thursdays each week for advanced booking but did not offer early morning or weekend appointments. The results of the patient survey 2014/2015 showed below average results for patient access to appointments: 59% of patients said the last appointment they got was convenient compared with the local average of 90% and the national average of 92; 55% were able to get an appointment to see or speak to someone the last time they tried compared with the local average of 80% and the national average of 85%.

Patients commented on both the NHS Choices website and the practice's website that more appointments were needed for patients in full time employment. At the time of the inspection appointments for working patients were limited. The practice told us this would be improved when the new GP partner joined the practice at the beginning of November 2015, and that further services would be offered when the practice building extension had been completed.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. For example, the practice

Requires improvement



Summary of findings

had carried out annual health checks for patients with a learning disability and all of these patients registered with the practice had received a review of their care. The practice also offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.

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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing at or slightly below local and national averages. Of 447 surveys sent to patients only 76 responses had been received which represented a response rate of 17%. Results showed:

- 23% found it easy to get through to this practice by phone compared with a Clinical Commissioning Group (CCG) average of 72% and a national average of 73%.
- 57% found the receptionists at this practice helpful compared with a CCG average of 85% and a national average of 87%.
- 55% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 59% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 27% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 24% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 15% feel they did not normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%.

We reviewed the most recent data available on patient satisfaction from a survey of patients undertaken by the practice during 2014/2015. The results of this survey showed contrasting feedback ratings when compared with the results of the national patient survey 2014/2015 results. The practice had asked 100 patients to complete the 'improving the practice' survey and all 100 survey forms were returned.

The practice survey results showed that:

- 90% of patients were satisfied with the care they received

- 96% of patients felt that they were treated with dignity and respect by the practice.
- 84% of patients were always or most of the time able to book an appointment when they needed one.

The results of the NHS friends and family tests showed improvements continued to be made in the feedback ratings from patients. For example, when asked whether patients would recommend the practice to new patients the results showed:

- In February 2015 49 patients had responded and 32% of these patients would recommend the practice to others.
- In March 2015 13 patients had responded and 77% of those patients surveyed would recommend the practice to others.
- In April 2015 36 patients had responded and 50% of those patients surveyed would recommend the practice to others.
- In May 2015 44 patients had responded and 59% of those patients surveyed would recommend the practice to others.
- In June 2015 44 patients had responded and 59% of patients would recommend the practice to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that they found the staff very friendly, that they received excellent care from the GP, reception staff and the nurse. Some patients commented that although improvements had been made in access to appointments, further improvements were needed. Comments on the practice and on NHS choices websites from working patients indicated that more appointments were needed for patients in full time employment. The practice told us that their plans for an additional GP partner to the practice together with the refurbishment and extension of the practice building would enable them to make improvements to the services provided to patients.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the nurse treatment room is adequately maintained so that infection control is managed effectively for the safety of patients and staff.

Action the service **SHOULD** take to improve

- Ensure an action plan is drawn up to show how the practice aimed to address the results shown in the national patient surveys and the action taken.

- Ensure that the health and safety of staff is assured when using computer equipment situated in the nurse's treatment room.
- Improve the availability of non-urgent appointments.

Dr Clifford Ojukwu

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 advisor and a Practice Manager specialist advisor.

Background to Dr Clifford Ojukwu

Dr C Ojukwu's practice, known locally as Birmingham Heartlands Surgery, is an inner city practice in Birmingham that provides primary medical services to patients. The practice is a single handed GP practice that is supported by regular locum GPs, a practice manager, practice nurse, a health care assistant and reception staff. The practice is currently recruiting a GP partner to the practice. There were 3068 patients registered with the practice at the time of the inspection.

The practice is located in an area of high deprivation with black, minority ethnic (BME) community groups making up over 60% of the practice population group. The practice has high numbers of children and young patients, and vulnerable groups within the practice population.

The practice is open from 9.30am to 6.30pm Mondays, Tuesdays, Wednesdays and Fridays and from 9.30 to 1pm on Thursday with appointments available within these times. The practice is closed at weekends. Home visits are available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to phone the practice. The practice opens from 3pm on Thursdays and includes extended hours appointments till 8pm with the GP.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website and patient leaflet.

The practice treats patients of all ages and provides a range of medical services. This includes specialist clinics for diabetes and chronic obstructive pulmonary disease (COPD) (lung disease). It also offers childhood immunisations, family planning, travel health vaccines, smoking cessation and a minor surgery service.

Birmingham Heartlands Surgery has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice has successfully bid for an improvement grant under the Primary Care Infrastructure Fund which will enable the building to be improved and extended for the benefit of patients and staff. The improvements for the building were scheduled to commence at the beginning of next year.

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.

Detailed findings

This practice was inspected in January 2014 where a number of improvements had been identified and compliance actions had been issued. The practice was re-inspected in September 2014 and was compliant in all areas where compliance actions had been issued. The inspection found however, that improvements to the management of medicines were required.

How we carried out this inspection

Before our inspection of Birmingham Heartlands Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Birmingham South Central Clinical Commissioning Group (CCG) and NHS England Area Team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 15 September 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients who visited the practice. We reviewed 51 comment cards where patients and members of the public shared their views and experiences of the practice.

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

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

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

- Older patients
- Patients with long-term conditions
- Mothers, babies, children and young patients
- The working-age population and those recently retired
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients.

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients who were affected by significant events received a timely and sincere apology and were told about actions the practice had taken to improve care. Staff had been trained to report significant events and understood the reason why this was necessary. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Reception staff gave us an example of an event where they had responded to an angry and abusive patient. This had resulted in the police being called. We saw that learning from this event had been documented and shared with all staff. Minutes of meetings confirmed this.

We saw that records of significant events were available to view as far back as 2009. We saw that all significant events were discussed at meetings relevant to the significant event. For example, multi-disciplinary meetings for events that potentially impacted on the wider health care community and practice meetings for those events relevant to the practice. There was a standardised agenda item to discuss significant events at all meetings. Where there had been no events to report a nil entry had been recorded so that a clear audit trail was provided and ensured that none were missed during the discussions that took place.

Significant events were reviewed on a continual basis by the practice manager so that any themes or trends were quickly identified to enable prompt action where needed. We saw a review dated April 2015 which gave details of four events that had taken place. We saw that no themes had been identified. For example, one event detailed where a prescription had been issued for a patient with the same name. This had been recalled and the prescription reissued to the patient with their correct details. For another event

we saw that the vaccine fridge door had not been closed properly. We saw that appropriate action had been taken and changes made to procedures to ensure that further incidents were prevented.

Following the unexpected death of a patient the practice had carried out a case review to consider the care and treatment they had provided to the patient, and establish whether any learning could inform decisions made with regard to the treatment of other patients. The practice had recorded this as a significant event. Although no changes were identified on this occasion the practice manager told us that this process would always be followed should similar events occur to ensure nothing was missed.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP and the practice manager attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff gave us examples where they had taken action to protect and safeguard patients they considered to be at risk of abuse. This had included both adults and children who were in need of protection.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All staff who acted as

Are services safe?

chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable). When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. For example, electrical equipment safety testing had been carried out in January 2015 and calibration of equipment such as defibrillators (used to restart a person's heart in an emergency) and ear syringes had been carried out in August 2015. There was evidence that regular fire system checks had been carried out by a company employed by the practice, with the latest check completed in March 2015.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises which included the control of substances hazardous to health, infection prevention and control (IPC) and legionella (a germ found in the environment which can contaminate water systems in buildings). For example, we saw a completed risk assessment which highlighted the risk of falls on paths outside the practice building during the winter months. The practice had their own grit box and arrangements were in place to ensure that grit was applied to minimise the falls potential. We saw however that the computer workstation in the treatment room used by the nurse was not conducive to effective working conditions as it did not follow health and safety guidelines. The practice told us they would carry out a health and safety display screen assessment (DSE) to ensure that appropriate arrangements were in place to safeguard the health and safety of the user. Following the inspection the practice confirmed that a workstation risk assessment has been completed for the room used by the practice nurse and those changes would be implemented by the end of the week.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, an external infection control audit had been carried out by the CCG IPC lead in June 2015 and no issues had been identified. We found however, that some remedial repair work was needed to ensure that infection control was effectively managed in the treatment room used by the nurse. The nurse carried out immunisations and dressings in this treatment room. We saw that wall tiles above the work surface were not fully sealed and some tiles were cracked. There was a crack in the wall from ceiling to work surface. Although planned building work to extend the practice building was scheduled to be carried out in the near future, these areas posed a potential risk of infection to patients and staff using this room. We discussed these issues with the GP and the practice manager who confirmed they would take action to address these issues. Following the inspection we received confirmation from the practice that they had scheduled repairs to be carried out as soon as possible to this room.
- At the previous inspection of the practice improvements to the management of medicines had been required. At this inspection we found there were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice prescribed in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We looked at files for different staff roles including two reception staff and the practice nurse to see whether recruitment checks had been carried out in line with legal requirements. These three files showed that

Are services safe?

appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were available each day. As this was a singlehanded GP practice we spoke with the GP and practice nurse about arrangements in place for when they were absent through sickness or annual leave. We saw that long established locum cover was in place for such occasions. Staff confirmed they would also cover for each other during holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw that medicines were stored in a secure box with a laminated list of all medicines held, with expiry dates recorded. These included medicines for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use. The practice had a defibrillator (used to restart a person's heart in an emergency) and oxygen with both adult and children's masks available. Staff were trained to use these.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice. The plan was available to all staff and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure this information was shared with all clinical staff so they were kept up to date. Staff we spoke with gave us examples of changes to their practice based on national guidance. We were shown an example where a patient who was newly diagnosed with high blood pressure was assessed and managed according to guidelines. This included clinical assessment, with repeat blood pressure readings, blood and urine tests, and electrocardiography (ECG). ECG is the process of recording the electrical activity of the heart over a period of time using electrodes placed on a patient's body. Patients were monitored regularly when treatment had commenced.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice nurse told us they accessed NICE guidance and actioned recommendations where these were applicable. Shared records were in place to enable best practice guidance to be stored and shared by all staff. We saw minutes of clinical practice meetings where new guidelines had been discussed and shared.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 96.1% of the total number of points available, with 4.3% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 93.9% which was higher than the national average of 88.38%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 80.8% which was slightly lower than the national average of 83%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 93% which was higher than the national average of 86%.
- The dementia diagnosis rate was slightly below the national average at 51% compared with 54%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% and above the national average of 83.83%. No patients have been excluded through the exception reporting rate for this data.

The practice had a system in place for completing clinical audits. Clinical audits are carried out to demonstrate quality improvement and ensure that all relevant staff are involved to improve care, treatment and patients' outcomes.

The practice showed us four clinical audits that had been completed recently. Following each clinical audit, changes to treatment or care were carried out where relevant to ensure outcomes for patients were improved. For example, one of the audits we looked at had been completed in January 2015 on chronic disease management to improve the diagnosis rates of patients with chronic obstructive pulmonary disease (COPD) (lung diseases). The audit identified that the practice should encourage patients over the age of 35 years who were regular smokers to take part in screening. This would promote earlier diagnosis and subsequently earlier treatment for lung disease. A re-audit was scheduled to be carried out in 2016 to determine the outcomes of this screening.

An audit had been carried out in January 2015 as part of the Clinical Commissioning Group (CCG) local incentive scheme to improve the diagnosis and management of chronic diseases in primary care. The practice focussed on three areas for the audit which were heart disease, kidney

Are services effective?

(for example, treatment is effective)

disease and diabetes. Information from the initial audit found that some targets had not been achieved, such as ensuring that all patients with kidney disease received twice yearly blood tests. The first audit showed this had been achieved for 55.6% of patients but the target of 80% had not been achieved. The re-audit showed that the number of patients who had received blood tests had increased by 11.1% to 66.7%. A further audit was scheduled to be carried out in six months' time to ensure the practice maintained progress to achieve the target rate agreed. The practice told us that this audit would continue as a rolling audit so that progress could be continually monitored.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, meetings, appraisals, and clinical supervision. All staff had received an appraisal within the last 12 months.
- The GP took part in required annual external appraisals and told us they had recently been revalidated. Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by General Medical Council (GMC) can the GP continue to practice and remain on the performers list with the NHS England.
- The practice had recently been accredited as a training practice for qualified doctors who are undertaking further training to become GPs. The GP told us they planned to take on trainee GPs in the near future.
- We saw evidence that the training completed by staff included safeguarding, chaperoning, confidentiality, basic life support and fire safety. Staff had also completed training about customer care, managing patients' expectations and domestic abuse. Training

was available through e-learning and in house or external training sessions and the practice manager had a system for monitoring when training was due for each member of the practice team.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared in a timely way, for example when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, from minutes of meetings that had taken place throughout 2015 we could see that health visitors, the practice nurse, district nurses, palliative care team and community case workers had attended these meetings. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records checks carried out by the GP to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GP showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GP and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77.51%, which was below the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients who had not completed screening were highlighted on the computer records. These prompted staff to remind and encourage patients to take part in the screening programme. This included opportunities when patients collected prescriptions, when they attended appointments or through telephone reminders.

Childhood immunisation rates for the vaccinations given were mixed and showed below average rates when compared with national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 91.9% and five year olds from 50.8% to 100% which compared with CCG rates of 86.4% to 96.4% and 84.2% to 96.6% respectively. Flu vaccination rates for the over 65s were 67.36% which was lower than the national average of 73.24%. The rates for those groups considered to be at risk were 57.69% which was higher than the national average of 52.29%. The practice attributed this to the higher numbers of the younger patient population group and the hard to reach black, minority ethnic (BME) groups registered with the practice.

The practice told us their screening and immunisation programmes had been affected by the resignation of the advanced nurse practitioner during 2014. There had been difficulty in recruiting a replacement and the use of locum nurses meant that it had been difficult to maintain a consistent approach to promoting screening and immunisation programmes. The current practice nurse had been in post for some three months and the practice was confident that screening and immunisation rates would improve.

We saw that action had been taken to improve patient attendance for screening and appointments. This included text reminders to patients aimed at reducing the number of patients who failed to attend their appointments. A new policy had been introduced regarding patients who failed to attend for appointments. The practice published the number of patients who failed to attend appointments each month. They planned to carry out audits to determine where patients regularly failed to attend for their appointments so they could discuss this with the patient concerned.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and offered them a private room to discuss their needs.

We received 51 comment cards of which the majority were positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP, and that the GP always took the time to listen to them. Four patients were less positive about access to appointments.

Results from the national GP patient survey 2014/2015 showed that the practice scored below average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 68% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 71% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 84% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 67% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 50% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 92%.

- 57% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

These survey results represented a return rate of 17% of the patients surveyed. The practice surveyed 100 patients throughout 2014/2015 to gather further patient feedback to monitor any improvements that had been made. A formal action plan had not been put in place to show how the practice intended to address patient feedback overall to identify improvements needed and monitor the effectiveness of those improvements made. Although the practice questions asked of patients were not fully aligned with the NHS patient surveys, 96% of patients felt that they were treated with dignity and respect by the practice, and 84% of patients were always or most of the time able to book an appointment when they needed one.

Care planning and involvement in decisions about care and treatment

Patients told us through the comment cards that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients commented that they only had praise for the service they received, that the GP took time to listen and the nurse was helpful and reassuring with their treatment and care. The GP told us they printed off patient information leaflets about particular conditions for patients during consultations to help them understand their condition.

Results from the national GP patient 2014/2015 survey we reviewed showed that most patients surveyed had responded less positively to questions about their involvement in planning and making decisions about their care and treatment when compared with the CCG and national averages. For example:

- 66% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 60% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

These survey results however, only represented a return rate of 17% of the patients surveyed. The practice surveyed

Are services caring?

100 patients throughout 2014/2015 to gather further patient feedback to monitor any improvements that had been made. Although the questions asked of patients in the practice survey were not fully aligned with the NHS patient surveys, their survey results for 2014/2015 showed that 90% of patients were satisfied with the care they received.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Many of the staff at the practice were multilingual and were able to support patients who needed help with translations.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which gave information to patients on how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. This was available in the reception area of the practice.

In some of the CQC comment cards patients had described how their GP and other members of the practice team had supported them and cared for them or a family member through extremely challenging and life changing circumstances. These had included critical illness and bereavement.

Staff told us that if families had experienced bereavement the GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving bereavement support group contact details were also available to patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice manager confirmed that they and the GP regularly attended the CCG meetings.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- The practice was located in an area of high deprivation with black, minority ethnic (BME) community groups making up over 60% of the practice population group. The practice had high numbers of children and young patients, and vulnerable groups within the practice population. For example, children under the age of 18 years represented 43.4% of the practice population group compared with the national average of 32.2%.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and patients who had drug or alcohol related health problems.
- The GP made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Pre-bookable appointment times with the GP were available for those patients who had work commitments until 8pm on Thursday evenings.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients aged 75 years and over were provided with individual care plans and a named GP responsible for their annual review. These patients were also flagged according to their health care needs and their vulnerability, with red, amber and green flags on their records so that staff were alerted to their risk and level of need.
- A minor surgery service was provided by the practice which included joint injections and toe nail surgery.
- The practice promoted health awareness and health education such as NHS health checks, sexual health and screening, smoking cessation clinics and dementia

screening. The GP and nurse told us they also printed patient information leaflets about particular conditions for patients during consultations to facilitate their understanding of their condition.

- The practice had a mental health register and worked with a community psychiatric nurse and psychiatrist to develop joint management plans to meet patients' needs.
- The practice used a range of methods to communicate with patients such as social media sites and TV (providing information and health advice in the practice's waiting room). The practice also linked with other agencies to address the social issues patients experienced such as social services and community group leaders.
- There were arrangements in place to ensure that care and treatment was provided to patients with regard to their disability. For example, the practice building was on one level. Doors were wide enough for patients in wheelchairs to gain access. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.
- Annual reviews were carried out with patients with long term conditions. The practice told us they completed reviews for patients with conditions such as diabetes, heart disease and patients with learning disabilities.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. There was an answerphone message which gave the telephone number patients should ring depending on their circumstances. Information about the out-of-hours service was provided to patients in leaflets, through information displayed in the waiting room and on the practice website. There was provision for patients with a hearing impairment at the practice. We saw signs within

Are services responsive to people's needs?

(for example, to feedback?)

the waiting area to indicate a hearing loop was available. There was a screen in the waiting area which provided visual prompts for patients to be aware that they were being called.

The practice was open for appointments from 9.30am to 6.30pm Mondays, Tuesdays, Wednesdays and Fridays, and from 9.30am to 1pm on Thursdays. The practice opened from 3pm on Thursday each week with late evening pre-bookable appointments with the GP until 8pm. There were however, no early morning appointments available, particularly for those patients who worked. The practice was closed at weekends. Feedback comments received from two patients told us that they found the online booking system helpful.

Results from the national GP patient survey 2014/2015 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example:

- 49.1% of patients were satisfied with the practice's opening hours, which was below the CCG average of 74.4% and national average of 75.7%.
- 30.6% of patients said they could get through easily to the surgery by phone which was below the CCG average of 70.6% and national average of 71.8%.
- 26.1% of patients described their experience of making an appointment as good which was below the CCG average of 70.5% and national average of 73.8%.
- 17.2% of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 57.1% and national average of 65.2%.

These survey results represented a return rate of 17% (76 responses) of the patients surveyed. The practice continued to survey patients throughout 2014 to review patient feedback and ensure that feedback reflected the improvements the practice had made. The practice had surveyed 100 patients with a 100% response rate. Improvements in access for patients had included the installation of additional telephone lines and promotion of the online facility for booking appointments and ordering repeat prescriptions.

The results of the NHS friends and family tests showed improvements continued to be made in the feedback ratings from patients. For example, when asked whether patients would recommend the practice to new patients, the results showed:

- In February 2015 49 patients had responded and 32% of these patients would recommend the practice to others.
- In March 2015 13 patients had responded and 77% of those patients surveyed would recommend the practice to others.
- In April 2015 36 patients had responded and 50% of those patients surveyed would recommend the practice to others.
- In May 2015 44 patients had responded and 59% of those patients surveyed would recommend the practice to others.
- In June 2015 44 patients had responded and 59% of patients would recommend the practice to others.

We received 51 comment cards which were mostly positive about the standard of care received by patients at the practice. Overall patient feedback in the comment cards indicated that improvements had been made to the appointments system and they considered these to be generally satisfactory. Four patients were however less positive and commented that they were not always able to get an appointment when they needed one, particularly for those patients who were in full time employment. The practice told us about the future plans for the practice to address the availability of appointments. Another GP partner had been recruited and an extension of the building was due to commence to provide more space for more clinics/surgeries.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet made available at the practice. We saw a copy of the complaints form available for patients to use should they wish to make a formal complaint. The form also included a copy of the procedure and explained to the patient what they could expect once their complaint was submitted to the practice. Staff told us that being a small practice they tried to diffuse any issues before they became complaints.

Are services responsive to people's needs?

(for example, to feedback?)

They told us these issues would still be recorded so that details were available should issues escalate. Patients commented through the comments cards that they were aware of the process to follow should they wish to make a complaint, but they had not needed to do so.

We saw from records that the practice had recorded all complaints which included details of action taken, responses to patients and any changes to practice in response to these complaints. Regular reviews of complaints were carried out to identify themes or trends. Complaints were discussed at relevant meetings including multi-disciplinary meetings, as a standard agenda item. The practice manager told us this ensured that everyone was aware of complaints received and that any learning was discussed with all staff concerned.

We saw that four complaints had been recorded for the period from March 2014 to March 2015. From the review we could see that the common theme for three of these complaints had been about the lateness of appointments when patients had been kept waiting for some significant time. The reasons for this had been varied and had included a GP running an extended clinic due to sickness absence of another GP and patients with complex medical issues that required more time. Learning from these had been identified and receptionists were given guidance on how they should respond to patients when similar situations arose.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice sent us a copy of their statement of purpose prior to the inspection. This told us that their aim was to work in partnership with their patients to improve and manage their health and well-being. They planned to deliver this in a clean and safe environment with trained staff, working to comply with current legislation. The practice told us that treating patients with care and dignity was uppermost in their service provision.

The practice told us about their plans for the future which included the recruitment of a GP partner who they anticipated would be in position soon. The practice had recently been accredited as a training practice for GP trainees. The GP told us they planned to take on trainee GPs in the near future.

We were also told about the plans to expand the building to provide additional rooms through funding that they had recently secured through the primary care improvement fund. They told us this would improve the services they offered to patients, increase the availability of appointments and increase the skill mix of staff at the practice. The practice was to become part of a new local GP federation of 22 practices, sharing skills and support across the federation.

Governance arrangements

The practice had a framework in place that supported the management and delivery of services at the practice to ensure that patients received good quality care. This included:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. We looked at a number of policies and saw that these had been kept under regular review. For example, the safeguarding adults and children policy was scheduled for review in October 2015. Staff confirmed they knew where to access all of the practice's policies and procedures should they need to.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements to the services provided by the practice.

- Involvement in internal and external audit, including clinical audits to monitor quality and identify areas for improvement.
- Structured processes to monitor safety including the maintenance of equipment.
- The practice held meetings to share information, to look at what was working well and where improvements could be made. We saw minutes of these meetings and noted that complaints and significant events were discussed. Staff we spoke with confirmed this.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a system in place for the management of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The GP and the practice manager received alerts and ensured action was taken on those alerts relevant to the practice. For example, an alert was received by the practice that patients who were prescribed two specific medicines should not exceed a stated dose on one of these. A patient search on the computer was carried out to identify all patients who were prescribed both these medicines, and patients were invited for a medicine review where dosage adjustments were needed. A restriction was placed onto the computer system to prevent new patients being inadvertently prescribed the conflicting dosage.

Leadership, openness and transparency

The GP at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The GP encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected, valued and supported, by everyone in the practice. We saw minutes of meetings to confirm that staff had raised issues for discussion that they had described to us.

Are services well-led?

Good 

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

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

Birmingham Heartlands Surgery worked with their patient participation group (PPG) to improve their services by learning from and listening to their patients. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The purpose of the PPG was to discuss the services offered and discuss how improvements could be made to benefit the practice and its patients.

We saw minutes of the last three meetings of the PPG, for March 2014, October 2014 and February 2015. Minutes were available to patients on the practice's website. Action plans had been produced at each of the meetings and followed up and updated as actions completed. For example, in February 2015 the PPG reported that action had been taken on issues raised which included text reminders of

appointments sent to patients aimed at reducing the number of patients who failed to attend their appointments. A call back system had been introduced to offer patients who had been unable to obtain an appointment that day for any cancellations that arose. A new policy had been introduced regarding patients who failed to attend for appointments. The practice published the number of patients who failed to attend appointments each month. They planned to carry out audits to determine whether there were patients who regularly failed to attend for their appointments.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ol style="list-style-type: none">1. Care and treatment must be provided in a safe way for service users.2. Without limiting paragraph (1), (h) the things which a registered person must do to comply with that paragraph include— assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. <p>The provider must ensure that the nurse treatment room is adequately maintained so that the risk of infection is managed effectively for the safety of patients and staff.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	