

The Ivy Medical Group

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?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Ivy Medical Group on 18 July 2016. Overall the practice is rated as requires improvement.

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

- The practice was not receiving all of the available national patient safety alerts. Records reviewed also showed staff had not taken appropriate action in response to some of the alerts issued by external agencies.
- Lessons were shared to improve safety in the practice. However, the system in place for reporting, recording and analysing significant events needed to be strengthened to include near miss errors / incidents relating to the dispensary service.
- Some risks to patients were assessed and well managed with the exception of medicines management. The practice did not have effective arrangements in place to ensure the proper and safe

management of medicines in respect of repeat prescription dispensing, handling of blank prescriptions, security of controlled drugs key and the dispensary from the parking area. Following our inspection the practice submitted additional evidence to demonstrate that improvement work had been initiated, and we will review this as part of our follow-up inspection.

- Although the practice was recruiting for additional clinical staff, current staffing levels did not always ensure the needs of patients were met in a timely way.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were supported with training and appraisals.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Most patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs at the primary location.
- The practice had applied for funding to make improvements to the design and layout of the Medical centre, Lowdham premises to ensure it was suitable for the provision of regulated activities and complied with legal requirements. A decision had yet to be made at the time of our inspection.
- 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.
- The practice had some governance systems in place some of which were effective and supported the delivery of good quality care; others needed strengthening to ensure effective oversight and leadership.
- The practice participated in new models of care and local pilot schemes to improve patient outcomes in the local area.

The areas where the provider must make improvement are:

- Improve and embed robust processes and governance arrangements for managing medicines to ensure patient safety. This includes prescribing, recording, handling, storing, security and disposal.

- Maintain records to evidence the receipt of and actions taken in respect of nationally available patient safety information including Medicines Health and Regulatory Authority (MHRA) alerts to ensure prescribing remains safe.
- Ensure a functional automated external defibrillator is purchased as planned and in use following our inspection.

The areas where the provider should make improvement are:

- Review the systems in place for recording and acting on significant events and near misses related to the dispensary service, to try and identify and minimise reoccurring themes/issues so that patients receive safe care and treatment.
- Review the systems in place for shared cared arrangements with secondary care to ensure adequate monitoring and follow up of patients on high risk medicines.
- Review the practice staffing levels to ensure patients' needs are met.
- Take steps to improve the uptake rates for NHS health checks for patients aged 40 to 74 years.
- Continue to review, monitor and act upon patient experience data (including the national GP patient survey results) to drive service improvement.
- Ensure there is leadership capacity to deliver all improvements.

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 inadequate for providing safe services.

- The practice did not have effective arrangements in place to ensure the proper and safe management of medicines in respect of repeat prescription dispensing, handling of blank prescriptions, security of controlled drugs key and the dispensary from the parking area. Following our inspection the practice submitted additional evidence to demonstrate that improvement work had been initiated, and we will review this as part of our follow-up inspection.
- The practice was not receiving all of the available national patient safety alerts. Records, reviewed showed staff had not taken appropriate action in response to some of the alerts issued by external agencies to ensure the safety of patients.
- There was a system in place for reporting, recording and analysing significant events. Lessons were shared to improve safety in the practice. However, this needed to be strengthened to include near miss errors / incidents relating to the dispensary service, and for themes or trends to be identified and addressed.
- The practice had procedures in place for dealing with emergencies. However, there was no functional automated external defibrillator on the premises, and the risk assessment in place to assess the risks to patients in the interim was brief and did not take into account the Resuscitation Council guidelines.
- There was a business continuity plan in place however this needed updating.
- The practice had suitable arrangements in place to safeguard patients from abuse and this included collaborative working with the health visitor.
- Risks related to infection control, health and safety, the premises and environment had been assessed. Management plans were in place to address or minimise the risks to people using or accessing the service.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Published data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above local and national averages. For example, the practice had achieved 97.7% of the total number of points available which was 2.6% above the local average and 3% above the national average.
- Most staff had the skills, knowledge and experience to assess patients' needs and deliver care and treatment in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, monthly multidisciplinary meetings were held to discuss patients at high risk of hospital admission, those receiving end of life care and people experiencing poor mental health.
- Clinical audits were completed and used to drive improvement in patient outcomes.
- An induction and training programme was in place and there was evidence of appraisals and personal development plans for staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient feedback confirmed staff treated people with compassion, dignity and respect. Patients also said they were involved in decisions about their care and treatment.
- Satisfaction rates for consultations with GPs and nurses were lower than local and national averages. For example, 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%. The practice team and PPG were aware of the lower patient satisfaction scores and had identified an action plan in response to the patient feedback (114 respondents) in order to drive improvements in patient experience.
- Feedback from multi-disciplinary colleagues was positive. For example, they confirmed practice staff were caring, care plans were reviewed and good care was provided.
- The practice had identified 1.6% of their patients as carers and written information on support groups and available resources was made available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with NHS England and the clinical commissioning group to secure improvements to services where these were identified. For example, the practice had applied for funding to improve the premises at the Medical centre, Lowdham to enable them to provide more community based services, and improved access for people with disabilities.
- A dispensing service was offered at the Medical centre, Lowdham for patients who lived more than a mile from their nearest chemist. A delivery service and monitored dosage systems were provided when needed.
- The practice hosted a range of services tailored for the six population groups we inspected. This included family planning advice, chronic disease management, child health reviews and immunisations, ambulatory blood pressure monitoring and a phlebotomy service.
- The practice had redeveloped its website to include NHS choices health promotion information to improve patient education. In addition, an iPhone application had been developed and was being trialled with the aim of improving access to services for patients.
- Comment cards and patients we spoke to were mostly positive about their experience in obtaining a non-urgent GP appointment. Most patients said they found it easy to make an appointment with a GP, with urgent appointments available the same day.
- However, this was not aligned with some of the national GP survey results. For example, 58% of respondents described their experience of making an appointment as good compared to the local average of 69% and the national average of 73%.
- The practice proactively sought patient feedback and as a consequence made changes to the way it delivered services. For example, a new telephone system had been implemented in response to patient feedback and complaints.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



Summary of findings

- Some governance arrangements in place were effective and supported the delivery of good quality care; with the exception of medicines management and managing patient safety information. The practice had a number of policies and procedures to govern activity and most of them were implemented in practice.
- 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. The patient participation group was active.
- Although the practice was recruiting for additional clinical staff, current staffing levels did not always ensure the needs of patients were met in a timely way.

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 inadequate for the safe domain and requires improvement for the well led domain. The issues identified affected all patients including this population group. There were, however, examples of good practice.

The practice population comprised of higher numbers of older people (about 11.5% were aged 75 and over) and services were tailored to meet their needs. For example:

- The GP could refer patients for a social care needs assessment through their links with a named social worker and a community care officer.
- The health needs and care plans for older people at risk of hospital admission or deteriorating health was discussed at monthly multi-disciplinary meetings, to ensure they received appropriate care.
- Home visits and urgent appointments for patients with enhanced needs were offered where possible. This included a named GP visiting patients residing in care homes.
- The practice provided a medicines delivery service to housebound patients who had their medicines dispensed at the Medical centre, Lowdham.

Requires improvement



People with long term conditions

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

- Data reviewed showed outcomes for patients were at or above local and national averages.
- Clinical staff worked closely with community specialist nurses to manage the care of patients with complex health needs. This included facilitating monthly multidisciplinary meetings attended by the community respiratory nurse, district nurses and the community matron.
- Patients at risk of hospital admission were identified as a priority and their care was kept under review to ensure they received integrated care in the community.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- Patients were offered a structured annual review to check their health and medicines needs were being met. The reviews were planned around the patients' date of birth and patients who did not attend scheduled appointments were monitored.

Families, children and young people

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

- Appointments were available outside of school hours and all children aged under five were seen on the day if medically assessed as necessary.
- There were systems in place to identify and follow up children living in disadvantaged circumstances including those at risk of abuse or deteriorating health.
- Records reviewed showed positive examples of joint working with midwives, health visitors and school nurses. For example, the health visitor provided child developmental checks and took part in safeguarding meetings.
- Uptake rates for all standard childhood immunisations were relatively high and in line with the local averages.
- The practice provided baby changing facilities and a private room for breastfeeding mothers if requested.

Requires improvement



Working age people (including those recently retired and students)

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

- 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 for appointment booking, prescription requests and news/facebook/twitter feeds.
- The practice website had been upgraded to include health promotion information and an iPhone application was being trialled to improve access to the service for patients.
- Health promotion for this age group included advice and support with weight management, smoking and alcohol cessation.
- The practice promoted cancer screening programmes and uptake rates were marginally above the local and national

Requires improvement



Summary of findings

averages. For example, 83% of females aged between 25 and 64 years had a record of cervical screening within the target period compared to a local average of 81% and national average of 74%.

- The practice used a text messaging service to remind patients of appointment bookings.

People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability and most of these patients had received an annual health check and care plan review.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients. This included patients receiving end of life care and carers. Patients were also informed about how to access various support groups and voluntary organisations.
- The practice adopted a co-ordinated approach to care planning in collaboration with other professionals, which ensured key information was shared with other providers such as the out of hours service.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They 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



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients to ensure they received continuity of care. This included advance care planning for patients with dementia and liaison with the local community mental health teams/psychiatric services.
- Systems were in place to follow up patients at risk of hospital admission and those who had attended accident and emergency.

Requires improvement



Summary of findings

- Patients were signposted and encouraged to self-refer for psychotherapy services and counselling to improve their mental well-being where appropriate.
- Information about how to access various support groups and voluntary organisations was available to patients.

Published data showed:

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was below the local average of 88% and the national average of 84%. The overall exception reporting rate for dementia related indicators was 9% and this was in line with the local and national averages.
- 100% of patients with a mental health condition had a documented care plan in the last 12 months which was above the local average of 86% and the national average of 88%. The overall exception reporting rate for mental indicators was 24% compared to the local average of 15% and national average of 11%.

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 24 comment cards which contained positive feedback about the standard of care received. Patients described the service as professional and the environment as safe, hygienic and welcoming. They said they were involved in decisions about their care and described staff as caring, friendly and helpful. Four comment cards contained mixed feedback about the practice, relating to the appointment system and interactions with GPs.

We spoke with four patients during the inspection including two members of the patient participation group. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the national patient survey results published in July 2016. A total of 221 survey forms were sent out and 119 patients responded. This represented a 54% response rate and 3% of the practice's patient list. Most of the results showed the practice was performing in line with or below the local and national averages. For example:

What this practice does best

- 93% of respondents had confidence and trust in the last GP they saw or spoke to compared to a clinical commissioning group (CCG) average of 96% and national average of 95%.
- 89% said the last appointment they got was convenient compared to a CCG average of 91% and national average of 92%.
- 70% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and national average of 65%.

What this practice could improve

- 49% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 68% and national average of 73%.
- 62% of respondents would recommend this surgery to someone new to the area compared to the CCG and national averages of 78%.
- 61% of respondents were satisfied with the surgery's opening hours compared to the CCG and national averages of 76%.

We reviewed comments and ratings on the NHS Choices website. The rating for the practice was four stars out of a possible five. Four out of five reviews left were positive.

Areas for improvement

Action the service MUST take to improve

- Improve and embed robust processes and governance arrangements for managing medicines to ensure patient safety. This includes prescribing, recording, handling, storing, security and disposal.
- Maintain records to evidence the receipt of and actions taken in respect of nationally available patient safety information including Medicines Health and Regulatory Authority (MHRA) alerts to ensure prescribing remains safe.

- Ensure a functional automated external defibrillator is purchased as planned and in use following our inspection.

Action the service SHOULD take to improve

- Review the systems in place for recording and acting on significant events and near misses related to the dispensary service, to try and identify and minimise reoccurring themes/issues so that patients receive safe care and treatment.

Summary of findings

- Review the systems in place for shared cared arrangements with secondary care to ensure adequate monitoring and follow up of patients on high risk medicines.
- Review the practice staffing levels to ensure patients' needs are met.
- Take steps to improve the uptake rates for NHS health checks for patients aged 40 to 74 years.
- Continue to review, monitor and act upon patient experience data (including the national GP patient survey results) to drive service improvement.
- Ensure there is leadership capacity to deliver all improvements.

The Ivy Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a Pharmacist Specialist of the CQC medicines team.

Background to The Ivy Medical Group

The Ivy Medical Group provides medical services to approximately 3,800 patients through a primary medical services contract (PMS). The catchment area for registered patients includes Burton Joyce, Lowdham and surrounding villages. The practice has two GP surgeries with Lambley lane surgery, in Burton Joyce as the main surgery and Medical centre, in Lowdham as the branch site. We visited both locations as part of our inspection. A dispensary service is offered from the Medical centre, Lowdham and about a third of the practice population access this service.

The level of deprivation within the practice population is significantly below the national average, with most of the practice population living in affluent villages / semi- rural areas.

At the time of our inspection, one of the two GP partners had resigned and an application to re-register the service as a single handed practice was yet to be submitted to the Care Quality Commission. The current clinical team comprises one full-time GP (male), a salaried GP (female), a practice nurse (female) and a part-time health care assistant (female).

The clinicians are supported by an administration team comprising of a full time practice manager, a lead receptionist, six part-time receptionists, two medical secretaries and a practice administrator.

The Ivy Medical Group is a GP training practice offering placements for students from the University of Nottingham medical school.

The practice opens from 8.15am to 1pm and 2pm to 6.30pm Monday to Friday with the exception of Thursday when the practice closes at 12.30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Service (NEMS).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and 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.

How we carried out this inspection

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?

Detailed findings

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included NHS England and Nottingham North and East clinical commissioning group. We carried out an announced visit on 18 July 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, dispensing manager, administration and reception staff and a health care assistant).
- Spoke with two members of the patient participation group and two patients who used the service.
- Observed how patients were being cared for and interactions with staff.
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of records held by the practice and a sample of the treatment records of patients to corroborate our evidence.

Following our inspection we received written feedback from a range of health professionals working with the practice team. This included the health visitor, community specialist nurses and the community matron.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place to report, record and analyse significant events but this was not proving fully effective at preventing reoccurrence of incidents.

- Staff told us they would inform the practice manager and / or GP of any incidents and a recording form was completed to inform the investigation.
- Records reviewed showed 20 significant events had been recorded over the last 12 months and an analysis of each event had been carried out.
- Findings were discussed at staff meetings and learning had been applied when unintended errors or unplanned events had occurred.
- However, we noted some common themes which included medicines listed on repeat prescriptions not always being amended in a timely way following changes made by a consultant or professionals in secondary care.
- When things went wrong with care or treatment, patients were offered an apology, an explanation and / or received a review of their health needs.

The arrangement in place for receiving and acting upon patient safety information was not robust and this posed a risk to patient safety. We found practice staff were not receiving all of the nationally available patient safety alerts, and our review of clinical records showed the practice staff had not taken appropriate action in response to some of the alerts issued by external agencies. This included the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. For example, a search for patients prescribed a specific medicine for overactive bladder, showed the practice had not reviewed two patients with hypertension to determine whether they should continue to receive the treatment. This safety alert was issued in October 2015, which meant the practice had not acted upon the alert for eight months and placed the patients at potential risk of harm. A review of the medical records for these two patients during the inspection showed no adverse outcomes or complications.

We shared the findings with the practice manager and lead GP and contact was made with the relevant agencies during the inspection to request for alerts be shared with the practice.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff we spoke to demonstrated they understood their responsibilities to safeguard patients. The GP was the lead member of staff for safeguarding and all staff were aware of this. Training records reviewed showed all staff had received up to date training that was relevant to their role. This included child safeguarding level three training for the GPs. Regular meetings were also held with the health visitor to discuss children, young people and families at risk of abuse or deteriorating health needs.
- Information was displayed in the waiting area and on the practice website advising patients they could request a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy at both sites (Lambley lane surgery and Medical centre, Lowdham). The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control audits were undertaken with the most recent audit completed on 29 October 2015. The action plan dated 25 November 2015 had been reviewed and appropriate action had been taken as a result. Some improvements were planned for a future date and this included refurbishment of the Medical Centre, Lowdham, subject to securing funding from NHS England. There was an infection control protocol in place and staff had received up to date training including handwashing.

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken for most staff prior to employment. This included proof of identification, references, qualifications, DBS checks and registration with the appropriate professional body. A system was in place to ensure the practice nurse was registered with the Nursing and Midwifery Council (NMC) and GPs were registered with the General Medical Council (GMC). Following our inspection, a risk assessment was completed for a member of staff where pre-employment checks such as written references had not been sought/retained at the point of recruitment.

Medicines Management

The arrangements for managing medicines at both surgeries needed improvement in order to keep patients safe. As a result of the concerns found we issued a Warning Notice requiring the provider to make improvements by 19 August 2016. Following our inspection the practice submitted additional evidence to demonstrate that improvement work had been initiated, and we will review this as part of our follow-up inspection.

We inspected the dispensary service offered at Medical centre, Lowdham and found a number of areas required improvement. For example:

- Repeat prescriptions (with the exception of prescriptions for controlled drugs) were not always signed by a GP before they were dispensed and given to patients.
- The keys for the controlled drugs cabinet were not held securely and we had concerns about the security of the dispensary due to access from the parking area. In addition, the dispensary was in an area accessed by staff from another practice and this was not ideal as access could not be easily controlled. However, we were told there was always a member of staff on site when the practice was open and this mitigated any potential risks.
- Although the provider told us that near misses were identified as significant events, the fact that they were not recorded meant that trends could not be monitored and learning and actions to prevent re-occurrence were not clearly identified with evidence these were implemented and embedded.
- We reviewed a number of standard operating procedures (SOPs are written instructions about how to

safely dispense medicines) and found they were in date, however a few of them did not reflect current practice within the dispensary. For example, the dispensary manager told us they actioned medicine recalls and the SOP described the process for doing so and recording these actions. However, we did not see records to confirm recalls had been actioned, and this did not assure us that appropriate monitoring was taking place for affected patients.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice conducted an annual audit of the dispensing processes and we found this was not robust given the shortfalls we found.

Areas requiring improvement at both surgeries included the management of blank prescriptions to ensure they were always handled in accordance with national guidance, and the process of reviewing uncollected prescriptions. For example, at Lambley Lane Surgery we saw that a tracking system for blank prescription forms was in place but stocks of prescriptions forms were not logged on receipt into the practice. At Medical centre, Lowdham, we found blank prescription forms were not tracked on distribution to clinical rooms and we observed these rooms were not always locked once clinicians had left.

We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The system for ensuring patients had received the necessary monitoring and tests before prescribing of the medicine was not robust. We saw no evidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients might still be given the medicine even if they had not received the required monitoring or blood tests within the recommended time period. The practice agreed to address this immediately and provided us with evidence of changes to their processes.

Some positive aspects of medicines management included the following:

Are services safe?

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) medicines management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Suitable arrangements were in place to check medicines at both surgeries were within their expiry date and suitable for use. This was done on a monthly basis and all stock we checked was in date.
- The temperatures in the refrigerators at both sites were monitored to ensure medicines were stored within the recommended ranges. Staff were able to describe the actions to take in the event of a fridge failure.
- Records reviewed showed all members of staff involved in the dispensing process were appropriately qualified and their annual competency checks were due for review at the time of our inspection.
- Controlled drug prescriptions were checked with GPs prior to dispensing and prior to the medicine being given to the patient. Suitable arrangements were in place for the storage, recording and destruction of controlled drugs.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. For example, the fire risk assessment for both surgeries had been undertaken on 1 July 2016 by an external company. This report was made available to the practice after our inspection, and the practice manager told us remedial action had been implemented in line with the recommendations highlighted in the report.
- Fire alarm checks were undertaken weekly and fire drills were carried out at least annually. The most recent fire drill at Lambley Lane Surgery had been undertaken on 24 November 2015 and a fire drill was undertaken on 27 July 2016 at Medical Centre Lowdham following our inspection.
- The practice had service agreements in place to facilitate the checking of all equipment to ensure it was safe to use and working properly. This included fire

safety equipment, calibration of medical equipment such as blood pressure monitors and thermometers, as well as portable appliance testing for small electrical equipment.

- The practice had a variety of other risk assessments in place to monitor the safety of the premises. This included control of substances hazardous to health, health and safety and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice had applied for funding to make improvements to the design and layout of the Medical centre, Lowdham premises to ensure it was suitable for the provision of regulated activities and complied with legal requirements. A decision had yet to be made at the time of our inspection.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. The provider acknowledged the practice team was not fully staffed, and was actively recruiting for a GP and an advanced nurse practitioner with challenges in receiving suitable applications.
- There was a rota system in place for all the different staffing groups and non-clinical staff covered absences for colleagues. The GPs ensured there was adequate medical cover when planning their leave.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual training in basic life support and staff we spoke to demonstrated they would be able to respond appropriately to a medical emergency.
- Staff had access to an instant messaging system on their computers to alert colleagues to any emergency.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- All the emergency medicines we checked were in date and stored securely.
- The practice had oxygen with adult and paediatric masks.

Are services safe?

- A first aid kit and accident book were also available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of this plan were stored off site. However there were a number of references to organisations no longer in existence, for example the local primary care trust (PCT).
- The practice had identified the automated external defibrillator on the premises was no longer functional and a brief risk assessment had been completed. The practice had decided to purchase a new defibrillator.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- Practice staff accessed National Institute for Health and Care Excellence (NICE) best practice guidelines and the Map of Medicine which provides clinicians access to comprehensive, evidence-based guidance and clinical decision support at the point of care.
- The clinicians also used a range of audit software tools including risk profiling to assess, review and monitor the health needs of patients with complex long term conditions and those at risk of hospital admission.
- Systems were in place to ensure all clinical staff were kept up to date with published research and guidance, issued by the relevant professional and expert bodies. For example, discussions at regular clinical meetings considered locally agreed prescribing guidelines and referral pathways, and the practice nurse had access to nursing journals.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 97.7% of the total number of points available which was marginally above the clinical commissioning group (CCG) average of 95.1% and the national average of 94.7%.

The practice had an exception reporting rate of 12.7% which was marginally above the CCG and national averages of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The published data showed:

- The prevalence of mental health was below local and national averages. Performance for mental health related indicators was 100% and this was above the CCG average of 93.8% and national average of 92.8%. The exception reporting rate was above the CCG and

national averages for three out of the six mental health related indicators. An overall exception reporting rate of approximately 24% was achieved compared to a CCG average of 15% and national average of 11%.

- Performance for dementia related indicators was 96.7% and this was above the CCG average of 93% and national average of 94.5%. Exception reporting for dementia related indicators was approximately 9% and this was in line with the CCG and national averages. A total of 79% patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months.
- Performance for diabetes related indicators was 99.6% and this was above the CCG average of 87.3% and the national average of 89.2%. Exception reporting for diabetes related indicators was 16.5%, which was above the CCG and national averages of about 11%.
- The percentage of patients with hypertension having regular blood pressure tests was 87.5%. This was above the CCG average of 85% and national average of 83.6%. The overall exception reporting rate was 6% compared to the local and national averages of 4%.

The published data showed the practice had achieved exception reporting rates above the CCG and national averages for conditions such as mental health, depression, rheumatoid arthritis and cardiovascular disease for example. The practice were aware of their high exception rates and our random review of patient records showed appropriate guidance was followed before taking the decision to exception report a patient and the exception reporting rates recorded on the clinical system were different to the published data.

Clinical audits were regularly undertaken and we saw evidence of improvements made in patient outcomes. For example:

- We reviewed six audits undertaken in the last 19 months and two of these were completed audits. The completed audits focused on improving the treatment of patients with chronic kidney disease (including effective management of their blood pressure levels), and ensuring better anticoagulation rates were achieved to reduce the risk of stroke for patients with atrial fibrillation (an abnormal heart rhythm). Anticoagulants are medicines that help prevent blood clots.

Are services effective?

(for example, treatment is effective)

- Patient education and counselling was provided by the GPs to ensure patients were fully informed about their care and treatment.

The practice participated in local audits and peer reviews. For example, the practice had audited the first outpatient attendances in paediatrics and gynaecology specialities as part of the “supporting reduction in emergency care” local enhanced service. The audits considered the appropriateness of referrals made by clinicians and attendances by the patients. The findings facilitated in-house patient case discussion amongst the clinical staff and changes where appropriate. Further discussions were also held with other GP practices in the locality area to promote wider learning.

Local benchmarking data as at March 2016 showed the practice performed better than some local practices in the use of secondary care services by patients. For example, the practice had the:

- Seventh lowest emergency admissions
- Second lowest readmission rate within 28 days for patients
- Sixth lowest accident and emergency (A&E) attendances and
- Second lowest 111 call rate.

The practice team felt this was achieved through proactive care planning and monitoring of patients' needs; as well as good access for patients.

Effective staffing

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

- An induction programme was in place for all newly appointed members of staff. This included an orientation to the practice systems, review of policies, shadowing opportunities and role specific training.
- Staff had access to e-learning modules and face to face training to meet their learning needs and to cover the scope of their work. Training records reviewed showed most staff had completed relevant training including updates and other training needs had been identified and planned for. Courses attended covered subjects such as customer care, information governance, consent and the Mental Capacity Act 2005.

- Staff were also given protected learning time to enable them to improve their knowledge base.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They could also demonstrate how they stayed up to date with changes; for example by accessing on line resources, attending refresher training and discussion at practice meetings.
- The development of staff was supported through a regular system of annual appraisals and one to one meetings that promoted their professional development. A learning and development plan was also agreed to enable staff to acquire further skills that were relevant to their roles. For example, one of the reception staff had been supported with additional training to enable them to become a health care assistant.
- Systems were in place to ensure the GPs and nurses were supported to address their professional development needs for revalidation with the relevant professional body.
- Dispensary staff were supported to access mandatory and role specific training. For example, one member of staff had recently completed level two national vocational qualification in dispensing services.

Coordinating patient care and information sharing

Staff could access the information they needed to plan and deliver care through the practice's patient record system and computer system. This included medical records, care plans, and investigation and test results.

The multi-disciplinary team worked together to assess and plan the ongoing care and treatment for patients with more complex care needs, and those living in vulnerable circumstance. This included patients receiving end of life/palliative care, people experiencing poor mental health, patients at risk of hospital admission and patients with long term conditions. The monthly meetings were attended by the GPs, district nurses, care home team, community specialist nurses, a social worker and community care staff. Information relating to the admission, discharge and transfer of patients was shared to ensure the coordination of patients care. Care plans were also regularly reviewed and updated.

Are services effective?

(for example, treatment is effective)

Feedback received from three professionals was largely positive and confirmed the multi-disciplinary meetings were facilitated effectively. For example, patient outcomes were reported as improving through the proactive arrangements in place to review their care and the communication amongst the professionals.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Records reviewed showed best interest decisions were made if a patient was assessed as lacking the mental capacity to make an informed decision about specific aspects for their care.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. This included patients requiring advice on their diet, exercise, smoking and alcohol cessation advice.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The 2014/15 Public Health England data showed the practice's cancer screening rates were marginally above the CCG and national averages. For example:

- 66% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year) compared to a CCG average of 63% and national average of 58%.
- 85.5% of females aged between 50 and 70 years had been screened for breast cancer in the last three years compared to a CCG average of 79% and national average of 72%.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and above the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Immunisation rates for most of the vaccinations given to children were in line with the CCG averages. For example the practice achieved:

- 85% to 100% for all vaccinations given to children under two years old compared to the CCG averages of between 92% and 96.5%.
- 94% to 97% for vaccinations given to five year olds compared to the CCG averages of between 88% and 98%.

The practice facilitated health checks for new patients and NHS health checks for patients aged 40–74. However, this was offered opportunistically due to staffing capacity, and it was an area of improvement identified by the practice.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were very polite and helpful towards patients both at the reception desk and on the telephone. Suitable arrangements were in place to ensure the dignity and privacy of patients was respected. For example:

- Curtains were provided in consulting rooms during examinations, investigations and treatments.
- Conversations taking place between staff and patients in the consultation and treatment rooms could not be overheard because the doors were closed.
- Reception staff could offer a private room to patients who wanted to discuss sensitive issues or appeared distressed.
- Following patient feedback, privacy notices were clearly visible in the reception areas to protect patient confidentiality. We however noted the potential of confidentiality not always being maintained due to the shared reception area with another practice at the Medical centre, Lowdham.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG) who praised the practice staff. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey results showed most patients felt they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 81% of patients said the nurse was good at listening to them compared to the CCG and the national average of 91%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.

Satisfaction ratings for interactions with reception staff were marginally below the local and national averages.

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

The practice team and PPG were aware of the lower national patient satisfaction scores and had identified an action plan in response to the patient feedback in order to drive improvements in patient experience. The practice team and PPG also recognised that the practice's annual survey undertaken in November and December 2015 showed a higher number of patients were satisfied with the care received. For example out of 288 surveys completed:

- 262 patients (91%) rated the care received from reception staff as excellent or good; while 17 patients (6%) rated it as fair and
- 252 patients (87.5%) rated the care received from doctors and nurses as excellent or good; while 22 (8%) patients rated it fair.

Care planning and involvement in decisions about care and treatment

The practice facilitated advance care planning for patients with complex health needs including people with dementia and those approaching their end of life. This covered areas such as preferred place of care / death and do not

Are services caring?

resuscitate decisions. Patients receiving end of life care had their information recorded in the electronic palliative care co-ordination systems (EPaCCS), to ensure their care was delivered in line with their care preferences.

Care plans for patients with complex health needs were also shared with the out of hours provider to ensure their care was coordinated (if needed) when the surgery was closed. We received positive feedback from multi-disciplinary professionals working with the practice team regarding the proactive care planning arrangements in place.

Patients we spoke with told us their health needs 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.

This aligned with patient feedback on the comment cards we received and the national GP patient survey results. The results showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were below local and national averages for consultations with GPs and nurses. For example:

- 83% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 82% of patients said the nurse gave them enough time compared to the CCG and national averages of 92%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.

- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and this enabled patients to be involved in decisions about their care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Some useful information on organisations with a focus on Alzheimer's and cancer was also available on the practice website. Records reviewed demonstrated patients were signposted to psychotherapy services to improve their mental well-being; and the practice team liaised with the patient transport services to ensure patients requiring this service attended any hospital reviews or admissions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a staff member designated as the carers' champion and a register of carers was maintained. The practice had identified 60 patients as carers and this represented 1.6% of the practice list. Written information was available to direct carers to the various avenues of support available to them. This included Nottinghamshire carers hub and information on how to access a carers assessment, personal budgets and an emergency card.

Staff told us one of the advantages of being a small practice was that it enabled them to know their patients really well and if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in collaboration with another co-located practice, the Ivy medical group had applied for funding from NHS England to facilitate the refurbishment of the shared premises so as to increase the capacity of services offered to patients. The planned improvements also focused on ensuring reasonable adjustments would be made to the layout of the new building to enable disabled people better access and to meet the appropriate requirements of the Equality Act 2010. The practice had consulted its patients and staff in the redevelopment plans, and two members of the patient participation group (PPG) spoke positively about the engagement work that had taken place.

Services were delivered in a way that met people's needs. For example:

- A range of services were offered in the practice to reduce the need for patients to travel long journeys to access services. These included family planning including coil fitting, phlebotomy, ambulatory blood pressure monitoring, spirometry and abdominal aortic aneurysm (AAA) screening for men aged 65 and over. (AAA is the swelling (aneurysm) of the aorta, the main blood vessel that runs from the heart, down through the abdomen to the rest of the body).
- The practice participated in the CCG locality care delivery group pilot scheme, of which one of the aims was to ensure integrated care for older people. Some of the positive outcomes achieved included the practice staff having named professionals (social worker and community officer) they could make referrals to for older people, to receive an assessment of their social care needs. We received positive feedback from the community officer regarding the engagement work undertaken.
- The practice provided a dispensary service at Medical centre, Lowdham for about a third of their registered patients. A medicines delivery service was also offered

to housebound patients who had their medicines dispensed by the practice. This ensured easy and rapid access to medicines for patients residing across the local rural area.

- The dispensary staff offered monitored dosage systems for patients who needed this type of support to ensure they took their medicines correctly.
- Patients at risk of hypertension had access to "Flo" (a telehealth text messaging service) which enabled them to monitor and improve the management of their blood pressure levels and reduce the need for face-to-face consultations with a clinician.
- Patients living in vulnerable circumstances and those with complex health needs were given a priority number to enable them to access immediate care when needed. This included patients with Parkinson's, those receiving end of life care and experiencing poor mental health. Effective systems were in place to ensure all staff were fully aware of these patients to facilitate a responsive service.
- There was a proactive approach to improving information technology resources for the benefit of patients. For example, the practice had redeveloped its website to include NHS choices health promotion information to improve patient education. The practice had also developed an iPhone application which would allow patients to:
 - have "one touch access" to online appointments, prescription requests and calling the practice;
 - stay up to date with news and twitter timeline feeds
 - use the mapping services to navigate to the surgeries.

The application was being trialled at the time of inspection and was due to be released for patient use at a future date.

- Longer and flexible appointments were offered for patients with a learning disability, new patient health checks and people with complex long term conditions.
- Patients who had clinical needs which resulted in difficulty attending the practice and older patients including those residing in care homes could request a home visit.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open at both surgeries between 8.15am and 1pm each morning and 2pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. Opening hours on a Thursday were from 8.15am to 12.30pm.

Generally, GP appointments were from 8.30am to 11am every morning and 2pm to 6pm every afternoon with the exception of Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, same-day appointments were also offered. Urgent appointment requests were triaged by a GP and patients were accommodated on the same day if appropriate.

Patient feedback confirmed that most people could obtain an appointment when they needed them and this aligned with some of the national GP patient survey results. For example:

- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 89% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.
- 70% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and the national average of 65%.

However, patient satisfaction with how they could access care and treatment was below local and national averages in some areas. For example:

- 40% of patients usually saw or spoke to their preferred GP compared to the CCG average of 52% and the national average of 59%.
- 49% of patients could get through easily to the practice by phone compared to the CCG average of 68% and national average of 73%.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.

The practice team and patient participation group (PPG) were aware of the lower satisfaction rates, and improvement work had been undertaken or was planned to improve the patient experience of accessing the service. For example, the telephone system had been upgraded in January 2016 following patient feedback and involvement from the PPG and extending opening hours had been considered; but was assessed as not viable at this stage given the funding and current staffing levels.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- Patients we spoke with told us they had no cause to complain but would be confident in accessing the relevant information should they require this.

We looked at nine complaints received in the last 12 months and found that they had been acknowledged and responded to in a timely way. The practice had investigated both verbal and written complaints and apologies were offered where appropriate. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care.

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 vision to provide the best primary medical services with a focus on family health and continuity of care. The practice had developed clear aims and objectives, and some of these were displayed in the waiting areas, practice website and patient leaflet.

- The practice values focussed on adopting a caring and honest approach, empowering patients, sustainability and providing the best possible patient care. Staff we spoke to gave specific examples to demonstrate an understanding of the values and how they implemented them in their day to day work.
- The practice had a supporting business plan which took account of its strengths, weaknesses, opportunities and threats to inform its strategy for the next five years. This included strong patient engagement with support from the patient participation group (PPG) and challenges related to delivering primary medical services over two sites.

Governance arrangements

The systems to enable the provider to have oversight of risk were not always effective.

- Robust systems and processes were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. For example, we found effective systems were not embedded to ensure essential blood monitoring and tests were completed within the appropriate timescales for patients prescribed high risk medicines. Following our inspection we received written information confirming that an audit had been undertaken to review the affected patients over a period of 12 months, a recall system had been introduced to ensure these patients had their health needs monitored regularly.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. However, some practice specific policies related to medicines management and patient safety information were not always implemented in practice.

- The governance arrangements and oversight of the dispensary service required strengthening to ensure dispensing activities were undertaken in line with recommended guidance and to ensure patient safety.
- The practice had a clear staffing structure and most staff were aware of their roles and responsibilities.
- There was a demonstrated understanding of the practice's clinical performance and this was positively reflected in the benchmarking and quality outcomes framework data.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Patient outcomes and referral activities were reviewed at monthly meetings and staff were accountable for specific lead areas.

Leadership and culture

At the time of our inspection, one of the two GP partners had resigned and an application to re-register the service as a single handed practice was yet to be submitted to the Care Quality Commission. Our inspection findings demonstrated the remaining GP would benefit from additional capacity to balance the clinical care they delivered, and to maintain the managerial oversight for both Lambley lane surgery and the Medical centre, Lowdham. The practice was actively recruiting for a salaried GP and advanced nurse practitioner to increase the clinical capacity.

The lead GP and practice manager told us a devolved leadership working style was implemented. This involved decentralizing decision making and authority to the different staffing groups to promote shared ownership and accountability. Staff told us the lead GP and practice manager were approachable and encouraged a culture of openness and honesty. Staff also demonstrated an awareness of the whistleblowing policy.

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

- Staff we spoke with felt communication within the practice was good and this included use of notifications within the clinical system, emails and meetings. For example, quarterly team meetings were held that involved the whole staff team, and management

Are services well-led?

Requires improvement 

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

meetings were held weekly. This ensured staff were kept up to date with relevant information and learning with the exception of cascading essential information about patient safety alerts.

- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and were encouraged to identify opportunities to improve the service delivered by the practice. They described the practice as a pleasant environment to work in.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the PPG, friends and family test results and patient survey for example.
- The most recent practice survey had been undertaken in October and November 2015 and 288 responses had been received. The results showed: 81% patients would recommend the practice to others; 84% patients felt communication with staff was either good or excellent; and 92% felt an excellent / good service was received from reception staff, doctors and the practice nurse.
- The practice had a well engaged PPG which influenced practice development. The PPG met regularly and made

suggestions for improvements to the practice. For example the group had supported the implementation of the new telephone system. Additionally the practice sought to involve the PPG in a wide range of areas including the redevelopment of the Medical Centre, Lowdham premises. We spoke with two members of the PPG including the chair and they spoke positively about the leadership and engagement work with the practice team. The PPG also informed patients of activities within the practice by having a notice in the local Parish magazines.

- Feedback from a community nurse highlighted that doctors and nurses not being available at all times was a concern and this had recently been addressed with the practice. For example, the impact of understaffing meant the district nurses would on some occasions have to visit patients at home as no practice nurses were available at the surgery.
- Feedback from some patients also suggested there was not always enough GP appointments and reception staff during busy periods, for example on Monday mornings. Some non-clinical staff we spoke to felt on some occasions they would benefit from additional staff due to the workload. We saw that an additional receptionist had recently been employed to cover a vacancy which had not been filled since October 2015 and discussions had taken place regarding the recruitment of additional staff.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not operate robust systems and governance arrangements that enabled them to identify, assess and mitigate risks to patients; specifically systems related to auditing the dispensary service.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• We found the practice staff were not receiving and acting upon all of the nationally available patient safety alerts.• The management of medicines did not always follow good practice. This included the processes of prescription handling and the recording, safe keeping and dispensing of medicines. We also had concerns with the security procedures in place in the dispensary and the monitoring of patients prescribed high risk medicines.• There was no functional automated external defibrillator on the premises, and the risk assessment in place to assess the risks to patients in the interim was brief and did not take into account the Resuscitation Council guidelines. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>