

RHR Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 RHR Medical Centre on 11 and 23 May 2017. Overall the practice is rated as requires improvement.

RHR Medical Centre is a registered location under the provider, The Beechdale Medical Group. The Beechdale Medical Group (provider) held the contract for providing medical services at RHR medical centre for 13 months at the time of our inspection. All of the provider's four registered locations were inspected on 11 and 23 May 2017. All four locations have been rated inadequate for the well-led domain.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the analysis and learning from significant events was not documented thoroughly enough.

- Care and treatment was not always provided in a safe way for patients. For example, risks to people's health and safety were not effectively managed; as well as infection control and fire safety.
- The practice had limited GP staffing cover and as a result some patients accessed services from three other locations that are part of "The Beechdale Medical Group" (provider).
- Staff were aware of current evidence based guidance.
- The cancer screening uptake rates and practice supplied data from the Quality and Outcomes Framework (yet to be verified and published) showed patient outcomes were mixed.
- The national GP patient survey results showed most patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Most patients said they were generally able to make an appointment with a GP and continuity of care had improved through the regular use of the same GP locums.

Summary of findings

- The practice responded to complaints raised but this was not always undertaken in a timely manner and there were limited meeting minutes to evidence that learning from complaints was shared widely.
- The practice had a clear leadership structure but leadership capacity was insufficient and governance arrangements were not effectively managed.

The areas where the provider must make improvement are:

- Ensure processes are operated effectively in respect of the reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure systems are operated effectively to assess, monitor, and mitigate risk. This includes addressing identified concerns with infection control, fire safety, health and safety checks, and staff training.
- Ensure that Statutory Notifications stipulated in the CQC (Registration) Regulations 2009 are submitted within the required timescales.

In addition the provider should:

- Review staffing arrangements to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are employed to meet the needs of patients.
- Improve processes for making appointments and the availability of non-urgent appointments.

- Review benchmarking data including high rates of emergency admissions.
- Review the health needs of patients with a learning disability in line with recommended guidance and improve the uptake rate of cancer screening programmes.
- Review the arrangements for the security of blank prescriptions in line with recommended guidance.
- Review the storage of vaccines to ensure that sufficient space around the vaccine packages is allowed for air to circulate.
- Strengthen systems for handling complaints.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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.

- There was a system in place for reporting, recording and analysing significant events. Staff told us lessons were shared to improve safety in the practice. However, the documentation related to significant event analysis and discussions was not comprehensive and did not corroborate the detailed feedback received from staff.
- Medicines including vaccines were stored safely. However, processes relating to disseminating medicine alerts, prescription handling and recall systems for the monitoring of people on high risk drugs needed to be strengthened to ensure patients were kept safe.
- The practice had systems in place to safeguard children and vulnerable adults. All staff we spoke with understood their duty of care. However, most of them had not completed up to date safeguarding training.
- Health and safety risks to patients, staff and the public were not effectively managed. This included infection control, legionella risk assessment and fire safety.
- Records reviewed and feedback from patients and staff, showed improvements were required to ensure sufficient numbers of staff including GPs were employed. The provider had implemented some measures to address this; for example, locum GPs provided medical cover at the practice and patients were offered additional appointments at three other locations.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

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

- Staff we spoke with were aware of current evidence based guidance including the National Institute for Health and Care Excellence guidelines.
- The Quality and Outcomes Framework (QOF) published data showed most patient outcomes were at or above average compared to the national average. This data pre-dates the takeover of the practice in April 2016 by the current provider (The Beechdale Medical Group).

Requires improvement



Summary of findings

- Practice supplied data for 2016/17 (yet to be verified and published) showed an overall achievement of 91.7% with lower values achieved for some clinical indicators such as diabetes (70%).
- A range of clinical audits had been undertaken across the practice group which demonstrated improvements.
- Plans were in place to address identified gaps in training for some members of staff.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. End of life care was coordinated with other services involved.
- Health promotion advice was offered but the uptake for both health checks and screening was mixed for the different population groups.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed that staff prioritised the privacy and dignity for patients. For example, confidentiality was maintained and patients were treated with kindness and respect.
- Feedback from patients demonstrated they were involved in decisions about their care and treatment and they felt staff were caring and helpful.
- The national GP patient survey results showed most patients rated the practice in line with the local and national averages for consultations relating to GPs and nurses. For example, 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to local average of 84% and national average of 86%.
- Information about the available services and support groups was accessible and easy to understand.
- The practice had recorded 47 patients as carers and this represented 1.5% of the practice population.

Are services responsive to people's needs?

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

Requires improvement



- The practice had reviewed the needs of some of its local population and had plans to secure improvements for areas

Summary of findings

identified. This included plans to merge RHR Medical centre and Strelley Health Centre to effectively utilise the clinical and non-clinical workforce and improve the overall delivery of services.

- The practice told us they reviewed patient feedback and engaged with their patient participation group to improve patients' experience of the service. However, an evaluation of the recent patient survey results had not been undertaken at the time of our inspection.
- Patients had access to a wide range of services including minor surgery, chronic disease management, contraceptive services and a sexual health clinic.
- Patients could access services from three other locations; The Beechdale Surgery, Strelley Health Centre and The Boulevard Medical Centre. Appointments were offered seven days per week.
- Most patients said they generally found it easy to make an appointment with a GP and continuity of care had improved through the regular use of the same GP locums.
- A clinical triage system was operated on a daily basis across the practice group to ensure patients could access urgent appointments or home visits if appropriate.
- Patients could get information about how to complain in a format they could understand. The practice responded to issues that were raised although this was not always done in a timely manner in line with the practice policy.

Are services well-led?

The practice is rated as inadequate for providing well-led services.

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- However, the overarching governance framework did not support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The Beechdale Medical Group partnership comprises of a GP and an advanced nurse practitioner (ANP). We were concerned about the sustainability of this arrangement specifically the capacity and capability to run the practice.
- We were also not assured that the provider had effective and embedded governance systems in place to ensure treatment for patients was provided in a safe and effective manner.

Inadequate



Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were not implemented in practice to ensure the quality and safety of services was improved.
- There was a clear leadership structure and staff felt supported by their practice manager.
- The practice did not have effective systems for being aware of notifiable safety incidents and sharing the information with the Commission.
- The practice engaged with the patient participation group.
- There was some evidence of innovation or service development specific to this location.

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 well-led; requires improvement for safe, effective and responsive; and good for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Practice supplied data (yet to be verified and published) showed positive outcomes were achieved for conditions commonly found in older people. This included osteoporosis and rheumatoid arthritis.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice offered home visits to meet the needs of the older patients in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The provider was rated as inadequate for well-led; requires improvement for safe, effective and responsive; and good for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Practice supplied data showed the practice performed generally well in the management of patients with long term conditions. However, performance for diabetes related indicators was 69.7%, which was 5.7% below the 2015/16 achievement. This data was yet to be verified and published.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Requires improvement



Summary of findings

- Structured annual reviews were offered to check that patients' health and care 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.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as inadequate for well led; requires improvement for safe, effective and responsive; and good for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Immunisation rates were relatively high for all standard childhood immunisations.
- There were limited appointments available outside of school hours. However, patients could access appointments at three other practices within the Beechdale Medical Group.
- There were systems to identify and follow up children living in disadvantaged circumstances and those who were at risk of abuse. Planned and documented meetings took place to review patients where safeguarding concerns had been highlighted.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for well led; requires improvement for safe, effective and responsive; and good for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice did not offer early or extended opening hours for patients who worked or students from this practice. However, patients could access these appointments at other practices within the Beechdale Medical Group.
- Health promotion advice was offered but there was a low uptake for both bowel and breast cancer screening. For example, bowel cancer screening in patients aged 60 to 69 years was 36.8% as at September 2016. This was ranked 54 out of 57 practices within the CCG area indicating a poor uptake.
- The practice offered online services for booking GP appointments and requesting repeat prescription requests. Patients could sign up to electronic prescribing so that prescriptions could be sent directly to the pharmacy of the patient's choice.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as inadequate for well led; requires improvement for safe, effective and responsive; and good for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of 15 patients with a learning disability. Two out of 15 patients had received an annual health check. We were concerned about this finding because people with a learning disability do not always receive equal access to healthcare
- Staff interviewed knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for well led; requires improvement for safe, effective and responsive; and good for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Practice supplied data showed 90% of patients with a mental health condition had a documented care plan in the last 12 months and all patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This data was yet to be verified and published.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Systems for monitoring high risk medicines required strengthening to ensure patients received their blood monitoring in line with recommended guidance

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2017. There were 376 survey forms distributed to patients, and 81 of these were returned. This was a 22% completion rate of those invited to participate, and equated to 0.7% of practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 77%.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received four completed comment cards, which were all positive about the standard of care received. One comment contained a negative response in respect of accessing a GP in a medical emergency.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought most staff were approachable, committed, and caring. Less positive comments related to a delay in producing a prescription.

Areas for improvement

Action the service **MUST** take to improve

- Ensure processes are operated effectively in respect of the reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure systems are operated effectively to assess, monitor, and mitigate risk. This includes addressing identified concerns with infection control, fire safety, health and safety checks and staff training.
- Ensure that Statutory Notifications stipulated in the CQC (Registration) Regulations 2009 are submitted within the required timescales.

Action the service **SHOULD** take to improve

- Review staffing arrangements to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are employed to meet the needs of patients.

- Improve processes for making appointments and the availability of non-urgent appointments.
- Review benchmarking data including high rates of emergency admissions.
- Review the health needs of patients with a learning disability in line with recommended guidance and improve the uptake rate of cancer screening programmes.
- Review the arrangements for the security of blank prescriptions in line with recommended guidance.
- Review the storage of vaccines to ensure that sufficient space around the vaccine packages is allowed for air to circulate.
- Strengthen systems for handling complaints.

RHR Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

An inspection of all four locations registered under the Beechdale Medical Group was undertaken on 11 May and 23 May. The team across the two days included four CQC inspectors, four GP specialist advisors, two practice manager specialist advisors and a practice nurse specialist advisor.

Background to RHR Medical Centre

RHR medical centre provides primary medical services to approximately 3000 patients in the Strelley area of Nottingham. The practice is located at Calverton Drive, Strelley, Nottingham, NG8 6QN. This is an area of high deprivation falling into the most deprived decile. All patient services are provided on the ground floor and the practice operates from purpose-built premises.

RHR Medical centre is part of The Beechdale Medical Group, who are the providers for three other locations: Strelley Health Centre, The Beechdale Surgery, and The Boulevard Medical Centre. The practices are situated in the NG8 district of Nottingham and the combined list size of the four practices is approximately 12,650. Each practice holds a Primary Medical Services (PMS) contract with Nottingham City CCG and has a separate patient list.

Patients registered with any practice within the Beechdale Medical Group can access appointments at all locations. Additional services provided at Beechdale surgery are also available to patients at this practice. We inspected all four locations on the same days.

The provider is registered for the provision of the following regulated activities from RHR Medical Centre:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

Beechdale Medical Group is a partnership between a GP and nurse practitioner. The clinical team working at RHR medical centre comprises of three regular GP locums, a part-time practice nurse and health care assistant. A full time practice manager and a team of reception and administrative staff support the clinical team.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Nottingham City clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 11 and 23 May 2017.

During our visit we:

- Spoke with a range of staff including GPs, a staff nurse, health care assistant, the practice manager, reception and administrative staff.
- Spoke with four patients who used the service and five members of the patient participation group.
- Spoke with the partners responsible for the delivery of services across the practice group.
- Observed how patients were being cared for in the reception area.
- Reviewed the information available to patients and the environment.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed four comment cards where patients shared their views and experiences of the service.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

- Staff told us they were encouraged to report any incidents including significant events and near misses to their practice manager or one of the partners.
- A “significant event record” was also completed to facilitate reflection and learning from the incident.
- Records reviewed showed two significant events were recorded over the last 12 months. Most staff we spoke with were aware of these events and confirmed that a team based discussion and related analysis had taken place with learning outcomes identified. This included proactive measures taken by staff to ensure the safety of the patients and access to urgent medical care.
- However, we could not corroborate this feedback due to an absence of meeting minutes to reflect this. In addition, the information recorded on the significant event recording forms did not fully reflect the detailed feedback given by staff.
- We saw documented examples of patients having been offered support, explanations, and / or apologies when things went wrong with care or treatment.

The practice had a system in place for receiving and distributing patient safety alerts including those from the Medicines Health and Regulatory Authority (MHRA). However, this system was not being operated effectively to ensure all relevant staff including locum GPs received this information or were informed of the actions taken in response to each alert.

Searches undertaken on the clinical system, on the second day of our inspection, demonstrated that appropriate action had been taken in response to MHRA alerts.

Overview of safety systems and processes

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

Staff had access to policies and procedures to guide them in identifying and preventing abuse from happening. The policies outlined who to contact for further guidance if staff had concerns about a patient’s welfare. Staff we spoke with demonstrated they understood their responsibilities to safeguard patients from abuse and / or deteriorating health needs.

The GP partner was the lead member of staff for safeguarding across all four registered locations.

Records reviewed showed most staff had completed safeguarding training related to vulnerable adults and children. However, this had not been updated since March 2015 for the majority of staff. At the time of our inspection, the practice could not provide evidence to demonstrate that the GP lead had completed appropriate safeguarding training (level 3). Following our inspection, we received evidence to confirm the GP lead had completed online level 3 safeguarding training in June 2017.

Regular multi-disciplinary meetings were held with staff including health visitors to review the care needs of children or vulnerable families and safeguarding concerns. Meeting minutes were available for relevant staff to view.

- Information was displayed in the waiting area and in consultation rooms to make patients aware that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Some improvements were required to ensure the practice maintained appropriate standards of cleanliness and hygiene.

- There was a lack of clarity amongst staff as to which staff member was the infection control lead (practice manager or nurse) and the responsibilities for this role.
- Infection control policies and procedures were in place and staff had received up to date infection control training. However, proof of immunity against Hepatitis B was not held for all clinical staff in the records we reviewed.
- The practice manager had liaised with the local infection prevention teams to keep up to date with best practice. An infection prevention and control audit had been completed in 2016 and we saw improvements made because of the audit.
- Patients we spoke with told us they always found the practice to be clean and had no concerns about cleanliness or infection control.

Are services safe?

- We observed the premises to be visibly clean and tidy.
- There were cleaning schedules and monitoring systems in place.

The arrangements for managing medicines and vaccines in the practice needed to be strengthened to minimise risks to patient safety. This included obtaining, prescribing, recording, handling, storing, security, and disposal.

- Blank prescription forms and pads were securely stored. However, systems to monitor their use needed to be strengthened to ensure an up to date record of the distribution of pre-printed prescription form stock within the practice was maintained (for example, serial numbers, where, when and to whom the prescriptions had been distributed).
- Processes were in place to handle requests for repeat prescriptions, which included the review of high-risk medicines.
- Records reviewed showed patients prescribed high risk medicines had received appropriate monitoring. However, the recall system needed to be strengthened to ensure patients had blood monitoring in line with recommended guidance or medical records were updated when blood monitoring took place at hospital.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions were in place to allow nurses to administer medicines in line with legislation.
- A system was also in place for the production of Patient Specific Directions to enable health care assistants to administer specific vaccines when appropriate.
- The practice nurse was qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GPs for this extended role.
- A log of daily fridge temperatures was maintained and records reviewed showed vaccines were stored within the recommended temperature ranges of between two

and eight degrees celsius. However, fridges were overfilled with vaccines meaning there was a risk that there was insufficient space for air to circulate around vaccine packages.

The provider acknowledged that recruitment procedures in place required review to ensure documented evidence relating to the recruitment checks for all staff including GP locums was kept securely and could be located promptly when required. We reviewed four personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. One of four files did not contain evidence of satisfactory conduct in previous employment in the form of two references.

Monitoring risks to patients

The procedures for assessing, monitoring, and managing risks to patient and staff safety were not effectively managed.

- The provider had a health and safety policy available.
- The practice did not have an up to date fire risk assessment or carry out regular fire drills.
- Records reviewed showed most staff had completed fire safety and health and safety training in June 2013; and this training had not been updated since.
- The provider had not carried out a Legionella risk assessment at the time of our inspection and processes were not in place to ensure regular checks of water outlets were carried out to reduce the risk to staff and patients. Legionella is a term for a particular bacterium, which can contaminate water systems in buildings. The practice manager showed us evidence to confirm water samples had been collected for testing prior to our inspection. Following our inspection, we received evidence to confirm no Legionella had been detected in the water samples. .
- The practice ensured that electrical and clinical equipment was safe to use and in good working order.

Staffing

- RHR medical centre is staffed by locum GPs for most/all of the weekly sessions (at least seven sessions over four days a week). Three GP locums are regularly used to

Are services safe?

ensure continuity of care for patients. The clinical team also includes a practice nurse, healthcare assistant and an advanced nurse practitioner (ANP) employed directly by the practice.

- The Beechdale Medical Group (provider) acknowledged the challenges it had faced in recruiting GPs and increasing staffing levels had been identified as an area of improvement. To mitigate some of the associated risks, appointments could be accessed by patients at three of its other locations (Strelley Health Centre, the Beechdale Surgery and the Boulevard Medical Centre).
- We were not assured that sufficient staff were on duty at all times to meet the needs of patients. This was informed by feedback received from patients and staff; as well as records reviewed. This included appointment audits, working time equivalent hours for clinical staff and data relating to the use of secondary care services.
- Staff told us they worked flexibly to cover absences for colleagues and two additional staff members (receptionists) had recently commenced work to provide support to the team.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers used in reception office, consultation and treatment rooms, which alerted staff to any emergency.
- Staff had completed basic life support training and / or cardiopulmonary resuscitation.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored in a specific bag.
- 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 suppliers; and a copy was kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff we spoke with were able to explain how they planned and delivered people's care and treatment in line with current legislation, evidence-based guidance and / or standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed guidelines.

- There were arrangements across the group of practices to keep clinical staff up to date. This included circulating information relating to NICE guidance; however information was not always circulated to locums.
- Some staff told us that changes and updates to guidelines had been discussed at some of the clinical meetings. However, meeting minutes were not always shared with GP locums providing clinical cover at the practice.

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 94.9% of the total number of points available. This was above the clinical commissioning group (CCG) average of 93.1% and national average of 94.5%. The practice's overall exception reporting rate was 6.7%, which was below the CCG average of 9.1% and the national average of 9.8%. 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 2015/16 QOF data showed:

- Performance for diabetes related indicators was 75.4%, which was below the CCG average of 82% and the national average of 89.9%. Nine out of the 10 clinical indicators had an exception-reporting rate that was below the local and national averages.
- 84% of patients with hypertension had regular blood pressure tests in the preceding 12 months compared to

the CCG average of 84.7% and the national average of 85.1%. The exception reporting rate was 2.6%, which was below the CCG average of 4% and national average of 3.9%.

- Performance for mental health related indicators was 88.5% compared to the CCG average of 91.1% and the national average of 92.9%.
- All patients with a mental health condition had a documented care plan in the last 12 months, which was above the CCG average of 86.7% and the national average of 88.8%. This was achieved with a 0% exception reporting rate compared to the CCG average of 11.8% and national average of 12.7%.
- Performance for dementia related indicators was 95.4%, which was similar to the CCG average of 94.7% and the national average of 96.6%.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 85.7% and the national average of 83.8%. This was achieved with a 0% exception reporting rate compared to the CCG average of 5.1% and the national average of 6.8%.

The above data reflects the performance of the practice under the management of the former provider. The Nottingham City clinical commissioning group (CCG) told us the Beechdale Medical group took over RHR medical centre in April 2016.

Data supplied by the practice showed an achievement of 91.7% for the 2016/17 QOF year. This data was yet to be verified externally and published at the time of our inspection. The 2016/17 data showed patient outcomes were mixed when compared to the 2015/16 achievements. For example:

- Performance for diabetes related indicators was 69.7%, which was 5.7% below the 2015/16 achievement.
- 82.4% of patients with hypertension had regular blood pressure tests, which was 1.6% below the 2015/16 achievement.
- Performance for mental health related indicators was 100%, which was an improvement of 11.5%. Ninety percent (90%) of patients with a mental health condition had a documented care plan in the last 12 months, which was 10% below the 2015/16 achievement (this represents one patient).

Are services effective?

(for example, treatment is effective)

- Performance for dementia related indicators was 98.2%, which was an improvement by 2.8%. All patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, an improvement of 25%.

On the first day of our inspection, we found there was some evidence of information/data collection and analysis relating to patient outcomes. However, the copies of clinical audit work we were provided with demonstrated limited quality improvement work.

- The practice supplied five audits (single cycles) completed in the last 12 months. The audits related to childhood immunisations, patients within the at risk group requiring pneumococcal booster vaccinations, inadequate cervical smears, attention deficit hyperactivity disorder (ADHD) drug prescribing and atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate).
- The audits involved searches and associated actions which considered and reviewed the quality of care provided in relation to current best practice guidance. There was evidence of some improvements, for example in relation to childhood immunisations.
- We did not see evidence of audit findings being discussed or shared across the practice group.

On the second day of our inspection, we were provided with a range of clinical audits that had been undertaken across the practice group. These included prescribing audits and audits related to guidelines. The audits provided evidence of improvements in the quality of care provided to patients.

Effective staffing

Staff had a range of experience, skills and knowledge which enabled them to deliver care and treatment.

- The practice provided an induction programme for newly appointed staff. Staff told us they were well supported through shadowing opportunities when they commenced their roles and had easy access to support from their colleagues.
- A recent review of training needs had identified gaps in training for some members of staff. Plans were in place to address this. For example, the provider had recently introduced e-learning to improve staff access to a range of training to cover the scope of their work.

- Records reviewed showed staff had received training that included customer service, information governance and mental health awareness.
- In house training was provided during protected learning time.
- The system in place to manage staff appraisals was effective and most staff had received an annual appraisal. Dates had been agreed for the three outstanding appraisals and staff had been given pre-appraisal forms to complete beforehand.
- The practice ensured role-specific training was undertaken for relevant staff. For example, nurses reviewing patients with long-term conditions such as diabetes, administering vaccinations and taking samples for the cervical screening programme.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included medical records, care plans, investigation and test results.

- Information such as pathology results were reviewed by one of the partners, either the lead GP or the ANP. We saw evidence of practice staff following up patients on receipt of abnormal test results.
- The member of staff responsible for making decisions of whether letters from secondary care required clinician oversight had received some training including medical terminology. However there was no protocol in place to govern this activity and there was no audit of their work.
- We identified a significant back log of tasks that were allocated to some members of staff. A total of 174 tasks had not been marked as completed or actioned. We reviewed a sample of these and found appropriate action had been taken to deal with these tasks in most cases. The practice acknowledged that the outstanding tasks could have presented a risk to safe and timely patient care and indicated that training needs would be addressed.
- Records reviewed showed the practice shared relevant information with other services, for example when referring patients to secondary care services and the out of hours service.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were reviewed and updated for patients with complex needs.

Efforts were made to ensure that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. However, practice supplied data indicated one active EPaCCS (Electronic Palliative Care Co-ordination Systems) referral had been created. EPaCCS enable the recording and sharing of people's care preferences and key details about their care at the end of life.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP, or practice nurse assessed the patient's capacity and, where appropriate, 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. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice staff told us they provided health checks for new patients and NHS health checks for patients aged 40-74.
- Practice supplied data showed there were 15 patients on the QOF learning disability register. Two out of 15 patients had received a health checks in the previous 12 months. This was a concern to us because the confidential inquiry into the premature deaths of

patients with learning disabilities identified that this group of patients experienced poorer health outcomes hence a priority to offer and provide such patients with an annual health check.

- The 2016/17 QOF data showed 89.6% of patients had received cervical screening within the last five years. This data was yet to be verified and published externally.

The most recent data published by Public Health England shows:

- The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 2.5 years was 40%. This was below the local average of 53.5% and national average of 57.8%.
- Breast cancer screening for females aged 50-70 years old in the last three years was 58.3%, which was lower than the local average of 72.3% and national average of 72.5%.

The above data relates to 2015/16 and may not fully reflect an accurate picture of the practice performance because the Beechdale Medical Group took over the management of RHR medical centre in April 2016.

However, data extracted from eHealthscope, provided to us by the practice, showed the practice's uptake for breast and bowel cancer were significantly below the CCG average as at September 2016. For example:

- breast cancer screening in patients aged 50 to 70 years in the last three years was 58.4%. This was ranked 52 out of 57 practices within the CCG.
- bowel cancer screening in patients aged 60 to 69 years was 36.8%. This was ranked 54 out of 57 practices indicating a poor uptake.

EHealthscope is a locally developed shared intranet facility for clinicians and commissioners across the county of Nottinghamshire. The tool facilitates benchmarking across local practices and gives access to a range of information, guidance, performance and outcomes.

The practice had identified cancer screening as an improvement area and taken some proactive measures to address this. This included patient education, contacting non-attenders and addressing read coding issues to ensure the data reflected an uptake rate that was up to date.

We found the practice had implemented proactive measures to ensure that children received their

Are services effective?

(for example, treatment is effective)

immunisations in line with the national childhood vaccination programme. For example, 24 children who had not received immunisations were vaccinated within six weeks of "The Beechdale Medical Group" delivering services from RHR Medical Centre. Practice supplied data for 2016/17 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 97%

to 98% and rates for five year olds were at 92% . Specifically, 46 out of 49 children aged five years had received their immunisations and 36 out of 40 children aged two years and under had received their immunisations. The uptake rates were above local averages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection, we observed staff being respectful and promoting people's privacy and dignity. Reception staff greeted patients on arrival and did their utmost to accommodate patient's needs. This included patients experiencing physical pain or needing support with completing health related documentation. We also heard staff being helpful to patients on the telephone and acting upon their preferences.

Measures were in place to ensure patients felt at ease within the practice. For example:

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Doors were closed during consultations and examinations; and conversations taking place in these rooms could not be overheard.
- A separate room close to reception was usually used for private and sensitive discussions.
- The availability of consultations with a female GP were limited at RHR Medical Centre. However, patients could access a female GP from three other locations that are part of "The Beechdale Medical Group."

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the four patient Care Quality Commission comment cards we received contained positive feedback about the service experienced. Patients said the practice offered a good service and staff were friendly, helpful and caring.

We spoke with four patients and five members of the patient participation group (PPG) which covered all four locations owned by the Beechdale medical group. Feedback from most patients was positive about the treatment they had received from staff. Staff were described as being kind, respectful and compassionate. Most patients told us they were satisfied with the overall care provided by the practice with some improvements required to ensure continuity of care.

We reviewed the national GP patient survey results published in July 2017 after our inspection. Most of the

results showed the practice performed in line with or marginally below the local and national averages for its satisfaction scores on consultations with doctors and nurses.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 84% and national average of 86%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%
- 95% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 84% 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 national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw which was the same as the CCG and national averages.

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

- 84% of patients said they found the receptionists at the practice helpful compared with the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Most patients told us they felt enabled to participate in decision making relating to their health and care needs. Examples given included clinical staff explaining their medical conditions and treatment in a way that they could understand. All but one patient we spoke with told us they felt able to express their views, were listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Are services caring?

The national GP patient survey results showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% 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 national average of 82%.
- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. Choose and Book is a national electronic referral service, which gives patients a choice of place, date, and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient feedback highlighted that staff responded compassionately when they needed help and provided support when required. Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included information related to carers, dementia and mental health.

The practice had a system in place for collecting information on carers for example the new patient registration form. However, this information was not always recorded on the computer system to ensure relevant staff such as GPs were alerted if a patient was also a carer.

The practice had identified 47 carers and these were recorded on the computer system. This represented 1.5% of the practice list. The practice manager was the designated carers lead and support for carers would include an annual health check and flu jab.

Staff told us if families had experienced bereavement, a GP or nurse contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of some of its local population and engaged with Nottingham city Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the provider had plans to merge RHR Medical centre and Strelley Health Centre to cope with the demands of an increasing list size. It was hoped that the new build would be delivered by the end of the 2018/19 financial year.

The practice told us they had reviewed patient feedback and had engaged with their patient participation group to improve patients' experience. In addition, staff told us they had conducted a patient survey after being taken over by the Beechdale medical group. However, the practice had not completed the analysis of their patient survey results at the time of inspection. This meant we could not evaluate patient's experience of the service under the new management.

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

- A range of services were offered in the practice to ensure patients could access services closer to home. This included minor surgery, travel vaccinations, phlebotomy and ear irrigation.
- The practice nurse had a lead role in chronic disease management. This included facilitating a range of clinics to monitor the health needs of patients with long term conditions such as asthma and diabetes.
- Joint working took place with a diabetic specialist nurse to ensure patients with complex health needs were regularly monitored.
- Patients could access family planning services and this included long acting reversible contraception.
- A range of online services was available including online appointment booking and prescription ordering. We however noted that the practice website had not been updated as it contained some information relating to the former GP provider and services offered at the time.
- Telephone consultations and advice were offered each day when this was appropriate, so that patients did not always have to attend the practice for a face-to-face consultation.

- The practice was easily accessible for patients with reduced mobility and all consulting rooms were located on the ground floor.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Patients could also access additional services from three other locations (Strelley Health Centre, the Beechdale Surgery and the Boulevard Medical Centre). For example:

- Extended hours were offered on Saturday and Sundays for working patients who could not attend during normal opening hours; as well as early or late appointments for school age children.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- A substance misuse clinic was held weekly at the practice and could be accessed by patients registered with any of the four practice group locations. Over 30 people accessed this service.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday.

- GP appointments were available from 9am to 12pm every morning and varied during the afternoon. For example, GP appointments were available from 3.30pm to 6pm on a Monday and 1pm to 3pm on a Friday.
- There were no afternoon GP appointments offered at the practice from Tuesday to Thursday. Patient feedback demonstrated this had not been communicated to them, as they were not aware a GP was not always onsite three days a week.
- Nurse appointments were available from 9am to 3pm daily and from 4pm to 6pm on a Thursday with an advance nurse practitioner.

At the time of our inspection, the availability of GP appointments at RHR Medical Centre had reduced due to workforce challenges experienced by the provider. The provider recognised the need to effectively use the shared clinical staff to meet patient demand. As a result, patients could access clinicians at three other sites when RHR medical centre was closed or a GP was not available.

Are services responsive to people's needs?

(for example, to feedback?)

On the day appointments were available through a triage system (managed centrally for all four locations) and the most appropriate clinician saw patients. Next day appointments and two-week pre-bookable GP appointments were also offered.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Feedback received from comment cards and patients we spoke with showed most people were able to get appointments when needed and continuity of care had improved with the use of regular GP locums. This was supported by the national GP patient survey results published in July 2017. For example:

- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 82% and the national average of 84%.
- 83% of patients said their last appointment was convenient compared to the CCG average of 79% and the national average of 81%.
- 81% of patients were satisfied with the practice's opening hours compared with the CCG and national averages of 76%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average and national average of 71%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

The practice had a low number of patients accessing walk in centres during working hours and the practice had been

ranked 14 out of 56. Contributory factors highlighted by management included improved access to care and treatment as well as preventative work to manage the care of patients at risk of hospital admissions.

However, benchmarking data for the period April 2016 to March 2017 showed that the practice had high rates of emergency admissions within the CCG. For example the practice was ranked:

- 52 out of 56 practices for all emergency department avoidable attendances (no investigations or treatment)
- 48 out of 56 for emergency department avoidable attendances (no investigations or treatment) and
- 47 out of 56 for all emergency department attendances during working hours.

Listening and learning from concerns and complaints

The practice had a system 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.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to the practice manager if required.
- We saw that information was available to help patients understand the complaints system. This included a poster and summary leaflet.

We looked at four complaints received in the last 12 months. We found they were dealt with openness and transparency. However, a timely response was not always provided to some patients in line with the practice policy. For example, patients were not always informed if the investigation took longer than the stipulated 10 working days. Staff told us learning from complaints had been shared with them but there were limited meeting minutes to support this.

Are services well-led?

Inadequate 

(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 clear vision to deliver high quality care and promote good outcomes for patients. However, the totality of our inspection findings showed this was not always achieved.

- The practice had a strategy and supporting business plans which reflected the vision and values.
- Staff knew, understood and supported the values of the practice.
- We were told that meetings were held by the partners and the practice management team to review business planning and business matters.

Governance arrangements

The overarching governance framework did not always support the delivery of the strategy and ensure effective care was delivered.

- There was a staffing structure and most staff were aware of their own roles and responsibilities.
- We found most policies and procedures had recently been updated and made available to staff prior to our inspection. However, the practice specific policies were not always implemented. This included areas such as safeguarding and fire safety awareness.
- The system in place for the regular completion of training updates was not effectively managed. Records reviewed showed most staff had not undertaken refresher training in the last 12 to 24 months for courses considered mandatory by the provider. This included safeguarding, infection control and fire safety awareness. We also found limited records to evidence the training undertaken by locum clinical staff.
- The arrangements for clinical governance and performance management did not always operate effectively. For example, a programme of continuous clinical and internal audit was not always used to monitor quality and to make improvements.
- RHR medical centre is mostly staffed by locum GPs and there was limited engagement with these doctors in quality improvement programmes.

- The practice's own patient survey had not been reviewed or analysed. This meant staff were not aware of the underlying themes that might drive or indicate areas for improvement.
- The arrangements for identifying, recording, and managing risks, issues and implementing mitigating actions was not effective. For example, the practice had not formally assessed the risk of fire in three locations or the risk of legionella. In addition, records reviewed showed risk assessments relating to the premises; security and environment were not regularly undertaken and / or updated.
- Records reviewed showed the registered partners had not informed the Care Quality Commission of Statutory Notifications as required by law. This included notification of a death of a service user and incidents involving the Police.
- We found limited evidence of innovation or service development.

Leadership and culture

The Beechdale Medical Group partnership comprises of a GP and an advanced nurse practitioner (ANP) partner. We were concerned about the sustainability of this arrangement specifically the capacity and capability to run the practice and ensure high quality care. Effective systems were not in place to ensure the partners could regularly assess and monitor the quality of the service as well as identify, assess and manage risks. This view was informed by the totality of the evidence gathered at all four sites owned by the provider (including RHR medical centre).

We were informed that the partners had recently recruited a business manager who would support them in their roles and oversee the administration of all practices in the group. We were also informed that the practice was in the process of recruiting additional GP support.

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

- Staff told us the partners were approachable and took the time to listen to them when needed. They also felt respected, valued and supported, particularly by the practice manager.

Are services well-led?

Inadequate 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- All staff told us the practice held regular team meetings at least monthly but these were not always documented to reflect discussions and demonstrate outcomes. This meant staff that could not attend the meetings had no point of reference save for verbal feedback from colleagues.

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

The practice encouraged and valued feedback from patients and staff.

- It proactively sought feedback from patients through the patient participation group (PPG) and surveys. The PPG covered all four registered locations operated by the provider. The PPG members told us they were working

to ensure all locations were well-represented. The PPG met regularly and submitted ideas for improvement to the practice management team. Practice staff attended meetings and members of the group spoke positively about the collaborative arrangements.

- 132 patients had completed the NHS friends and family test survey between January and April 2017; and 73% patients stated they would recommend the surgery.
- 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 to a degree; as most decisions were made at Beechdale surgery.
- Feedback from staff was gathered through staff meetings and informal discussions. Staff confirmed monthly practice meetings were held although there were limited meeting minutes recorded to confirm issues discussed.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not operate systems effectively to improve the quality and safety of services and to assess, monitor and mitigate risk. Systems and processes to manage access to appointments, recruitment, legionella, infection control and fire risk were not always operated effectively.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>