

The Practice St Albans

Inspection report

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Date of inspection visit: 13 July 2108
Date of publication: 13/09/2018

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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

This practice is rated as ‘Requires Improvement’ overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

We carried out an unannounced comprehensive inspection at The Practice St Albans on 13 July 2018. This inspection was undertaken to assess changes made, as a result of areas highlighted in our previous report.

We previously inspected The Practice St Albans on 25 April 2016. The overall rating for the practice was requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a second announced comprehensive inspection at The Practice St Albans on 12 December 2016 in order to assess improvements and the outcomes from their action plan. The overall rating for the practice following the second inspection was requires improvement.

As a result of concerns raised with us, we carried out an unannounced comprehensive inspection on 18 September 2017 to ensure improvements had continued and to look at the areas highlighted to us. As a result of this the practice was rated as inadequate and placed into special measures.

At the latest inspection on 13 July 2018 we found:

- There were adequate systems to assess, monitor and manage risks to patient safety.
- There had been the addition of a local safeguarding lead since our last inspection, however not all staff knew who they were.
- Since the last inspection, there had been a clear division of roles amongst non-clinical staff.
- A central log, which recorded attempts to recall patients for review had been put in place to allow for oversight of all patients with long term conditions.
- The practice had led on a number of initiatives to engage with patients. For example, the mental health lead had developed a ‘Health Thinking Café’

- We spoke with two members of staff about the Accessible Information Standard but neither were aware of it. We asked if there was a practice policy about this, staff told us that they did not think there was.
- There was an effective system of audit work being undertaken and scheduled for the future.
- Staff appraisals were undertaken annually and staff were encouraged and supported to develop their skills and enhance their role.
- Staff treated patients with compassion, kindness, dignity and respect.
- The practice proactively identified carers and supported them. In partnership with the Nottingham Carers Hub, the practice held a ‘Carers Café’ at the surgery to make patients aware what support was available for them. It was planned to be held again in the future, but would be opened up to all carers in the area to improve communication and support.
- The practice had delivered ‘mini-medics training’, which was basic first aid training for children aged 10-12 years old. This helped younger people engage with the surgery and the success of the first programme meant further sessions would be planned in the future.
- The practice worked with the Young Carers Federation to identify younger carers. This included promotional work at a local educational academy.
- The carers lead and reception team offered a form completion service for patients who required additional support.
- There had been an improvement in capacity since our last inspection. For example, at 11am on the day of the inspection there were still four GP appointments available for that day (two of which were bookable online only) and two ANP appointments.
- There was a clear strategy and visions and values which had been communicated with the practice team to ensure individuals understood their contribution to this.
- The practice had developed a supportive and inclusive approach in terms of the leadership of the practice. It was acknowledged that a local clinical lead would benefit the leadership and staff further and this role was at interview stage at the time of the inspection.
- All changes implemented and planned since our last inspection had been driven by the practice manager and supported by the regional team in delivery, however

Overall summary

they had been developed in conjunction with all practice staff. We were told by staff that the changes implemented had been seen as a positive transformation benefiting both patients and staff.

The areas where the provider **should** make improvements are:

- The practice should continue to improve the uptake of annual reviews for patients with a learning disability.
- The practice should continue to improve patient outcomes in relation to the Quality and Outcomes Framework (QOF).

- The practice should improve the way in which it communicates in line with the Accessible Information Standard.
- The practice should consider disability access at the branch site.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

Background to The Practice St Albans

The Practice St Albans is part of a wider group of 48 GP practices registered with the Care Quality Commission (CQC) under the service provider Chilvers & McCrea Limited (part of The Practice Group). The Practice St Albans comprises of a main location and a branch site. On our inspection day, we visited the location registered with the CQC in addition to the branch site.

The practice is situated in the Bulwell and Bestwood Park areas of Nottingham. It provides general medical services (GMS) as one of the 53 practices in the Nottingham city area commissioned by NHS England and NHS Nottingham City CCG. It operates over two sites:

- The Practice St Albans: Hucknall Lane, Bulwell, Nottingham, NG6 8AQ.
- The Practice Nirmala (branch site): 112 Pedmore Valley, Bestwood Park, Nottingham, NG5 5NN

The Practice St Albans merged with The Practice Nirmala in November 2014 following patient consultation and the proposed closure of Nirmala by NHS England. The combined patient list size is currently 7,266.

Both surgeries are in areas of high deprivation above the national average. The practice is in the most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than in other areas. The level of income deprivation affecting children

is 39% compared to a CCG average of 32% and a national average of 20%. The number of people in paid work or full-time education is 42%, which is below the CCG average of 63% and national average of 62%. The practice has 59% of their patients with a long-standing health condition in comparison to the CCG average of 54%, and the national average of 54%.


The clinical team comprises:

- One female salaried GP, and three male regular locum GPs.
- Two advanced nurse practitioners.
- One practice nurse
- One trainee practice nurse
- A phlebotomist
- A prescribing pharmacist providing 12 hours a week

The clinical team is supported by a full-time practice manager, an assistant practice manager, a site lead for the branch site, reception team leader reception and administrative staff.


In addition to the local team there is a regional team comprising of a business manager, regional medical director, a HR business partner and a nurse manager.

The main site is open from 8am to 6.30pm Monday to Friday. Consulting times are from 8am to 1pm each morning and 2pm to 6pm each afternoon. The branch



site is open from 8am to 1.30pm all week apart from Wednesdays when it is open from 1.30pm to 6.30pm. Appointments at both sites are available to all patients and can be booked through either reception 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. There are extended hours appointments available through a Nottingham city hub practice, which can be booked by the reception staff, for patients wishing to be seen between 4pm and 8pm Monday to Friday and 9am to 1pm Saturday and Sunday.

Are services safe?

At our previous comprehensive inspection on 18 September 2017, we rated the practice as requires improvement for providing safe services. This was because:

- We found concerns, which showed further improvements were required to ensure patient safety.
- We found out of date consumable items such as hand sanitiser and urine dip sticks which were in a treatment room.
- The branch site had stained carpets in the waiting room.
- We were told by staff the numbers of clinicians often fell short of what was required and there was a heavy reliance on the use of locums GPs, ANPs and nurses.

When we carried out this comprehensive inspection on 13 July 2018, we found that improvements had been made.

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report safeguarding concerns. Safeguarding meetings were held by the local GP lead every six weeks and a CCG safeguarding panel was attended by the regional lead every quarter. Not all staff we spoke with on the day of the inspection were aware of who the lead was.
- The provider carried out appropriate staff checks at the time of recruitment and the practice manager would review these on an ongoing basis.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- Where appropriate staff worked with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order, staff who had these roles documented checks and we saw evidence of this during the inspection.

- There were systems in place to manage infection prevention and control.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

There was oversight for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, and busy periods. Although there was only one salaried GP the other locum GPs had worked at the practice between three to six years and worked flexibly to provide cover. We saw evidence that if additional staff were required then the provider would support the practice financially in obtaining locum agency staff.

At the time of the inspection, the practice was also interviewing for a GP clinical lead to work with the regional medical director and provide oversight and support of the clinicians locally.

- There was an induction system for staff tailored to their role, this was complemented by a week of shadowing someone in a similar role and we saw that regular appraisals with the practice manager were conducted in the first six months to ensure the correct support and training was in place.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The regional nurse manager had delivered training to reception and administrative staff on common signs and symptoms of patients who had or might present with sepsis. A review of the process to manage medical emergencies had also taken place during this training session, as well as management of unwell patients to ensure staff knew of the appropriate pathways to make available to patients.
- When there were changes to services or staff the practice assessed and monitored the impact on patient safety.

Are services safe?

- The practice had a system in place to record vaccine refrigerator temperatures, which included a regular review of the data logger placed in each fridge to corroborate the temperature readings.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- There was a clear approach to managing test results.
- Since the last inspection there had been a clear division of roles amongst non-clinical staff and a central log which recorded attempts to recall patients for review had been put in place. This was reviewed with the relevant clinical lead and the manner in which the reminder had been sent was placed into the spreadsheet, with a preference to a text, a call and a letter for each patient.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw clinicians made timely referrals in line with protocols and best practice guidance.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The pharmacist involved patients in regular reviews of their medicines and would support clinicians in selecting the most appropriate medicine if required.
- There was a monitoring process for patients prescribed high risk medicines.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments available in relation to safety issues. For example, a specific assessment had been completed to minimise the risk from violent and aggressive patients which had been a concern to staff following several incidents.
- All risk assessments were regularly reviewed locally to ensure they were current and review changes to risk.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. The practice manager supported them when they did so.
- There were systems for reviewing and investigating when things went wrong and incidents were reported. The practice manager logged all incidents through a central log which rated the risk of the incident reoccurring and the impact that could have on patients. Based on this, relevant managers at provider level would be informed to support the investigation.
- Any incident classified as a significant event was investigated and discussed at the team meeting.
- All incidents were reviewed for themes annually.
- The practice acted appropriately on patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous comprehensive inspection on 18 September 2017, we rated the practice as requires improvement for providing effective services. This was because;

- Further improvements were required to enhance patient care

When we carried out this comprehensive inspection on 13 July 2018. We saw a strategic approach to managing the transition and monitoring the changes made. However these changes would take time to become embedded and demonstrate effective patient care.

Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Templates on the practice computer system linked with guidance to ensure care was provided in accordance with current evidence-based practice. Any new or revised guidance was discussed at monthly clinical meetings.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review by a GP and a review of their prescribed medications by the pharmacist.
- The practice team worked effectively with community based health and care staff including the community matron as part of an integrated approach to care. Regular multi-disciplinary meetings reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs.

- The practice utilised the CCG funded care coordinator monitoring these patients for referral and management on an ongoing basis.
- The practice followed up on older patients who had received treatment in hospital or through out of hours services. The pharmacist ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice nurse and advanced nurse practitioner managed chronic disease visits to housebound patients, including flu vaccinations when appropriate, who were not part of the community matron caseload. Home visiting was also undertaken by the phlebotomist for routine blood tests.

People with long-term conditions:

- Unverified data provided by the practice for 2017-18 showed a similar outcome to the previous year in their QOF achievement, meaning that outcomes for patients were generally below local and national averages.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Designated non-clinical staff coordinated these annual reviews, overseen by the practice manager and an advanced nurse practitioner; they arranged pre-review tests and offered flexibility with appointments to accommodate work and personal commitments.
- For patients with the most complex needs, the practice team worked with other health and care professionals, for example community diabetes specialists, to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- There was an emphasis towards patient empowerment and support for individuals in the management of their long-term condition.
- Patients prescribed multiple medicines were offered an annual review with the practice pharmacist and where appropriate changes or alternatives would be discussed with the patient to achieve the optimum treatment regime.

Families, children and young people:

Are services effective?

- Childhood immunisation uptake rates were below the target percentage of 90% or above. Achievement ranged from 82-85% in the four specific indicators we reviewed for children aged up to two years old.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Regular safeguarding meetings were held to ensure any children at potential risk of harm were kept under review and received the appropriate support from the practice and the wider health care team. The safeguarding lead was based in a different area of the country but a local GP lead was available on site to discuss any safeguarding concerns. However, not all staff we spoke with on the day of the inspection were aware of who the lead was.
- The practice worked with midwives, health visitors and school nurses to support families.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 67%, which was lower than local and national averages and below the 80% coverage target for the national screening programme. The practice told us how they were planning a 'cytology café' event to try and encourage younger women aged 24-26 to attend the practice to raise their awareness on the importance of screening.
- The practice's uptake for breast screening was in line with the local and national average. Uptake for bowel cancer was slightly below averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged over 50. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Care plans were developed and agreed with patients.
- The practice offered annual health checks to patients with a learning disability. The practice told us that 28 patients (53% of those patients on their learning disability register) had received a completed annual

review of their health needs during 2017-18. We were informed that a majority of the remaining patients, having received the first part of the review, had refused the second.

- The practice provided primary care services to a residential home for patients with learning disabilities.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- There were a higher proportion of registered patients with mental health needs at the practice. The practice was aware of this and planned services to help accommodate this.
- An advanced nurse practitioner working at the practice specialised in mental health. This offered patients access to specialist care. Appointments were allocated for 20 minutes in recognition of the needs of this patient group.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks and signposting to community support services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected, there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice provided evidence of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- QOF results for 2016-17 showed an overall achievement of 91% compared to the CCG average of 93%, and a national average of 95.5%. The practice provided information (subject to external verification) that this performance had been maintained with an achievement of 90% for 2017-18.
- The overall clinical exception rate for QOF was slightly below local and national averages at 9%.
- The practice was involved in quality improvement activity. For example, we saw evidence of a clinical audit programme. This included single cycle and full cycle audits. These were clearly written and relevant. We saw

Are services effective?

that audit topics reflected MHRA alerts, and conditions not covered by QOF. These provided evidence of improved outcomes for patients, for example, an audit identified 24 patients who had not had a blood test to establish the effectiveness of a medication used to manage thyroid function. This was a significant improvement on the initial cycle and from which an active recall process was put in place. A future audit is planned to ensure these improvements are maintained.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff who could access appropriate training to meet them, staff undertook training as a group and individually at local events and online courses. Staff said they were provided with protected learning time.
- We viewed the practice training log and saw that staff were up to date with their training schedule.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Staff were encouraged and given opportunities to develop. For example, a trainee practice nurse was undertaking training within the practice and on relevant courses to become the practice's second practice nurse. We saw this role was well supported by practice staff and the regional nurse manager.
- The provider had a comprehensive induction programme for new starters; this was supported by shadowing opportunities and regular appraisals with the practice manager. There was an induction pack available for GPs and we saw this was updated as required, for example if an issue relevant to locums was identified via an incident or complaint.
- We were told that clinical supervision and support for revalidation was available.
- There was a procedure for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies where appropriate.
- The practice shared information with relevant professionals when deciding care delivery for people with long-term conditions and when coordinating healthcare for a local care home residents.
- The practice ensured 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.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice had led on a number of initiatives to engage with patients. For example, the mental health lead had developed a 'Health Thinking Café' at which patients were invited to attend and engage with local support groups, and the mental health lead, to speak openly and in private about their condition and break down barriers with staff of the organisations. Further engagement with other local teams has led to continued interest and further events are planned.
- The practice offered NHS health checks and new patient checks.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice told us that appropriate team members had undertaken training on the mental Capacity Act.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

At our previous comprehensive inspection on 18 September 2017, we rated the practice as requires improvement for providing caring services. This was because;

- Feedback from patients was below local and national averages
- Support for carers was not proactive and notice boards displayed inaccurate information.

When we carried out this comprehensive inspection on 13 July 2018, we found that improvements had been made.

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The patients we spoke to were positive about the way staff treat people.
- Staff understood patients' personal, cultural and social needs and would be flexible in arranging appointments where possible.
- The practice gave patients timely support and information.
- During the inspection, we observed staff dealing with a verbally aggressive patient in a professional manner.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. However not all staff were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information that they are given)

- Staff communicated with people in a way that they could understand, for example, communication aids such as a hearing loop was available at the main site but not the branch, however easy read materials were available upon request.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. The carers lead was the practice secretary and always available to register new carers and provide pathways to local support groups.
- The practice manager and carers lead had been working with the carers federation and local academy to identify young carers. At the time of the inspection, 40 children had been identified as carers, none of whom had been known to the practice as carers and they were working in partnership with the school nurse and federation to get relevant consent to support them in their role.
- The practice proactively identified carers and supported them. In partnership with the Nottingham Carers Hub, the practice held a 'Carers Café' at the surgery to make patients aware what support was available for them. It is planned to be held again, but opened up to all cares in the area to improve communication and support.
- The carers lead and reception team offered a form completion service for patients who required additional support.
- The latest results from the national GP patient survey showed that less patients felt that they were involved in decisions about their care and treatment when compared to other local or national GP practices. However, the practice had undertaken patient surveys since our last inspection and the results were increasingly positive.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous comprehensive inspection on 18 September 2017, we rated the practice as inadequate for providing responsive services. This was because;

- Arrangements for GP access were not conducive in creating a positive experience for patients.
- The national GP patient survey results reflected the ongoing concerns of patients we spoke with regarding access and opening hours.

When we carried out this comprehensive inspection on 13 July 2018, we found improvements were being made, however the evidence provided during the inspection did not yet demonstrate changes had positively affected patients.

We rated the practice, and all the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Patients with specific needs, for example with carers, or hearing impairments were set up on the system to alert staff so reasonable adjustments could be made. The main site had a hearing loop for patients but there was not one available at the branch site.
- When we asked staff about how they interacted with people who had difficulties hearing, they provided an example of a patient at the main site who wrote things down to communicate. We did not see there was any proactive involvement in arranging or offering a signing interpreter. Staff told us they had a picture board in reception to aid communication but when we looked for this, it could not be located.
- The entrance to the branch site could create difficulties with regards to disabled access. The path from the street was not in good repair and the entrance doors were not automated. Once inside the practice, a further door was in place to access the reception area, and this was not automated. When we queried this, we were informed that reception staff could see patients trying to access the practice on the CCTV screen and then go to assist them. However, this was not possible if the person was on the telephone and raised concerns about

treating patients with a disability in a dignified manner. The practice told us that they were aware the situation was not ideal but the premises were privately owned and this impeded their ability to make changes.

- With the help of the local 'hub' the practice provided effective care coordination for patients who were vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

Older people:

- Individuals aged 65 and over, accounted for 14% of the registered patients at the practice, which was slightly higher than the local average but lower than the national average of 17%. The practice team took account of this when planning and service developments or changes.
- The practice was responsive to the needs of older patients, and offered longer or urgent appointments for those with enhanced needs. The GP, phlebotomist and nurse also accommodated home visits for those who had difficulties getting to the practice.
- Access to social prescribing schemes facilitated non-clinical support services to keep patients well in their own homes.

People with long-term conditions:

- Named reception and administrative staff, in conjunction with designated clinical staff including a named QOF lead, managed the recall system for long-term condition reviews. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's needs.
- The practice held regular meetings with the local community health and social care teams to discuss and manage the needs of patients with complex medical issues.
- Patients were referred to community teams and nurse specialists including the heart failure and pulmonary rehabilitation teams. The specialist diabetes nurse attended the practice to assist with the management of more complex patients.
- Newly diagnosed patients with diabetes were mostly referred into a structured education course to help them manage their condition. However, we saw that the numbers for this were below local and national averages.

Are services responsive to people's needs?

- The practice had participated in a pilot project with five other local practices in conjunction with the Roy Castle Lung Foundation Trust. This facilitated early screening for patients deemed at risk of lung disease.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Children under five were prioritised.
- The practice had delivered 'mini-medics training', which was basic first aid training for children aged 10-12 years old. This helped younger people engage with the surgery and the success of the first programme meant further sessions would be planned in the future.
- The practice worked with the Young Carers Federation to identify younger carers. This included promotional work at a local educational academy.
- The reception area was suitable for children with a separate activity play area available.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were planned to be introduced on one evening a week from September 2018, and telephone consultations were also available.
- Online services were available to patients including booking and cancelling appointments; ordering repeat prescriptions and having any medicines sent to their pharmacy of choice for collection; and access to view part of their own clinical record. The practice had engaged with patients running open sessions to help patients create online accounts and had increased the number of patients able to use these facilities by 2.7% since the last inspection.
- Remote GP consultations were offered for one hour on two days each week. These were for routine discussion such as test results, and were selected as appropriate by clinicians at the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A 'carers' café' had been held at the practice in conjunction with the local carers' hub. This was planned to help support and signpost carers to appropriate support. There were plans to repeat this later in the year and to invite other local carers who may be registered with other practices.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Members of the travelling community often came to the local area and would access practice services occasionally.
- There was a mother and baby unit located next door to the branch site. People usually reside there for between six months to a year. They would normally register at the practice but we saw no evidence of the practice trying to proactively engage with this vulnerable group.
- Regular meetings were held to review those patients requiring palliative care or approaching end of life.
- The most vulnerable patients were provided with a bypass telephone number to enable immediate access to the practice secretary and avoid any hold-ups rather than ringing the usual practice telephone number.
- The practice team were trained as a 'domestic violence aware practice'. This helped to signpost patients to receive emotional and practical support and to access a range of specialist services.
- A 'form-filling' service was provided for patients providing assistance to those who may have difficulty with reading or writing.

People experiencing poor mental health (including people with dementia):

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice was designated as being dementia friendly and the improvements made to the branch site had been done in a 'dementia friendly' manner for example brighter colours used to paint the walls and consistent flooring throughout.
- The practice worked with the community mental health service to support patients.

Are services responsive to people's needs?

- Patients were signposted to services to support those experiencing stressful and emotional difficulties. Consultations with a counsellor or other support services could be arranged on site when this was required.
- There was additional capacity for patients with poor mental health as an advanced nurse practitioner specialising in mental health offered 20-minute appointments, which could be booked on the day, or in advance.
- A 'health-thinking café' had taken place in May 2018 to support patients' experiencing poor mental health and depression. This included representatives from local mental health services and the next event was planned for August 2018.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs had their care and treatment prioritised. Two advanced nurse practitioners had their sessions allocated for on the day appointments in addition to some GP appointments, as well as a more staggered release of appointments.
- There had been an improvement in capacity since our last inspection. For example, at 11am on the day of the inspection there were still four GP appointments available for that day (two of which were bookable online only) and two ANP appointments.
- The practice offered online booking for appointments. Patients could order their repeat prescription online.
- Patients mostly reported that the appointment system was easy to use. Patients could book up to four weeks in advance.
- The practice used an automated appointment text reminder system to help reduce DNA (did not attend) appointments, however this was still an area the practice were looking at improving, as 721 patients had failed to attend their appointment in the last three months.

- Patients could access evening and weekend extended hours' appointments through the local hub practice if this was more convenient than the next available appointment at the practice.
- Routine GP appointments were scheduled for 10 minutes, whilst advanced nurse practitioners had 15-minute slots, and the mental health nurse provided a 20 minute consultation. This adjustment accommodated patient and clinician need more appropriately.

Outcomes from the most recent GP patient survey, published in July 2017, showed that patient satisfaction in relation to access to appointments was mostly below local and national averages. This impacted on the outcomes relating to the overall experience of the practice, and the percentage of those that would recommend the practice to others. The practice were aware of low levels of patient satisfaction in relation to access and as a result had carried out its own patient survey, of which the results were more positive in its outcomes. An action plan had been developed to improve this, and this was being monitored via continued internal patient surveys.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous comprehensive inspection on 18 September 2017, we rated the practice as inadequate for providing well-led services. This was because;

- The practice did not have an effective, overarching governance framework in place to support the delivery of the strategy and good quality care.
- The practice did not have a programme of continuous clinical and internal audit to ensure their ability to monitor quality and to make improvements.
- Evidence during the inspection led us to believe oversight of governance arrangements was not effective.
- Previous action plans have outlined ways in which the practice intended to improve this area, however we did not see sufficient progress and patients told us there had been no improvement.

When we carried out this comprehensive inspection on 13 July 2018, we found that significant improvements had been made and changes were being strategically managed and improvement was ongoing.

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice had developed a supportive and inclusive approach in terms of the leadership of the practice. It was acknowledged that a local clinical lead would benefit the leadership and staff further and this role was at interview stage at the time of the inspection.
- All changes implemented and planned since our last inspection had been driven by the practice manager and supported by the regional team in delivery, however they had been developed in conjunction with all practice staff. We were told by staff that the changes implemented had been seen as a positive transformation benefiting both patients and staff.
- There was a regional medical director and regional nurse manager who had assisted the practice in gaining new staff and supported those already working at the practice.

- The managerial arrangements within the practice were aligned with those of the provider and there was support in key areas such as HR, clinical governance, and legal from a central team as needed.
- Staff told us there had been improved governance of the branch site since our last inspection and this had led to a refurbishment of the building to bring it in line with practice guidelines.
- The practice manager and GPs were visible and approachable. They worked closely with staff and others to make sure patients received compassionate care.

Vision and strategy

The practice was able to articulate a clear vision to deliver high quality, sustainable care.

The provider values were trusted, teamwork, patients first, performance, governance and growth. The vision, in summary, was to have a passion in providing the best possible patient care that increases health outcomes and experience. Placing the patient at the heart of the service where innovative clinical pathways, technology and staffing mix were used to benefit our patients.

The provider values had been underpinned locally following our last inspection by the staff coming together and agreeing to work as a team, in a positive manner to deliver change and deliver the provider vision.

- There was an awareness of the challenges and risks faced locally by the practice team and the regional managers.
- An action plan had been compiled following the previous inspection and achievements celebrated as they were met.
- Staff we spoke to demonstrated a commitment towards the vision and values and were clear how they would help achieve them.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued.

Are services well-led?

- There was an open, honest and transparent approach when responding to incidents and complaints. The practice was aware of, and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. When they did so, they had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. We saw appraisals were completed annually and more frequently to support new starters in the first six months.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time to support their professional development.
- The provider supported staff safety and wellbeing through schemes such as 'bike to work' and free eye tests. Risks were reviewed regularly in areas such as lone working and aggressive behaviour towards staff to reduce the likelihood of harm to staff.
- The practice promoted equality and diversity and had a policy to support this. Staff had received equality and diversity training. Staff told us that they felt they were treated equally.
- There were positive relationships between staff and teams. There was a 'heroes award' run by the provider to highlight positive work. Following the previous inspection, the practice staff began their own 'extra mile award' to recognise staff who went above and beyond.

Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support governance and management.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, however the lead roles were not always known by staff.

- Practice leaders had established the providers' policies, procedures, and activities to ensure safety and assured themselves they were operating as intended.
- There was a schedule of regular in-house meetings, which were documented.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues, and performance.

- There was an effective process to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The practice performance in relation to the quality and outcome framework (QOF) and childhood immunisation had shown no improvement, with results below the CCG and national averages. However, there was a new system of performance monitoring and oversight in place and additional clinicians had the specialist training to review patients with long term conditions.
- The practice were aware of the poor patient satisfaction they had received from sources such as the GP patient survey data, Healthwatch and PPG reports and from complaints received. Some of the changes made to improve this required additional time to be fully evaluated and the practice were conducting their own surveys to monitor this.
- The practice had processes to manage current and future performance. Performance of most employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice and improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Are services well-led?

- The provider and the practice monitored and reviewed activity. This data, when compared to others in the group, helped it to understand risks and gave a clear, accurate and current picture of performance and enabled corrective actions to be taken if required
- The practice manager had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used information to assess performance and to take corrective actions if these were indicated. The practice had meetings with their CCG and NHS England to discuss performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. A centralised provider intranet was used to ensure continuity between all the practices in the group and as a reference tool for updates and policies.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. A patient participation group was in place.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for continuous improvement and innovation.

- The practice had a clear transformation plan to support their strategic objectives. This included targeted steps to allow staff to achieve a high level of performance in areas like QOF through training and clerical support and oversight.
- Recruitment was ongoing for a clinical lead at the time of inspection and staff were being supported to develop in their roles to benefit patient care.
- Additional 'cafes' were planned as a way of engaging with patients in a less formal manner, for example patients who had not yet attended cervical smears were to be invited to the practice so any questions could be answered.
- The practice had collaborated with the local Fire and Rescue Service to link the flu clinic appointments with engagement about fire safety and smoke alarms.
- A project to improve the identification of atrial fibrillation had been organised to run later in the year by taking instant ECGs of patients in the waiting room during the flu clinics. Electrocardiography (ECG) is the process of recording the electrical activity of the heart over a period of time using electrodes placed on the skin.

Please refer to the Evidence Tables for further information.