

Dr Ezekiel Alawale

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Dr Ezekiel Alawale on 15 September 2016. Overall the practice is rated as good.

We found improvements had been made since the previous inspection of October 2015 when the practice had been rated as inadequate and was placed into Special Measures.

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

- Significant improvements had been made to the systems and processes in place which were highlighted following our October 2015 inspection. This included arrangements for delivering safe care and treatment, staffing and improved governance.
- There was an open and transparent approach to safety and an effective system in place for reporting, recording and analysing significant events.
- Risks to patients were assessed and mostly well managed through an on-going review programme to ensure patients and staff were kept safe. This included recruitment checks, health and safety, and medicines management.
- However, a notice of deficiencies had been issued by the Nottinghamshire fire and rescue service in respect of fire safety contraventions found following their March and June 2016 visits; and a remedial notice had also been issued by the Nottingham City Clinical Commissioning Group (CCG). The two agencies will follow-up compliance in line with their enforcement framework and contractual agreements respectively. The practice had agreed to voluntary restrictions which included all patient and staff activities being undertaken on the ground floor.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. The use of clinical audits contributed to improved patient care and outcomes.

Summary of findings

- The practice could demonstrate that they had made significant improvement in the Quality Outcomes Framework achievement because they had strengthened their recall system for inviting patients for health reviews.
- Staff were supported with an induction, training, appraisal and supervision to cover the scope of their roles and meet their professional development needs.
- The care of patients with complex health needs and / or living in vulnerable circumstances was co-ordinated with the wider multi-disciplinary team to deliver an integrated and responsive service.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management.
- Governance and performance management arrangements had been proactively reviewed to ensure improvements were sustained. This included the management of records, implementation of policies, administration of the practice and monitoring the overall service provision.

The areas where the provider must make improvement are:

- Ensure fire safety measures continue to be regularly reviewed and embedded to demonstrate compliance with the fire safety regulations.

The areas where the provider should make improvement are:

- The practice should continue to make efforts to identify and support carers within their patient population (including carers from black and ethnic minority community).
- Ensure clear guidance is shared with staff regarding procedures for disposing uncollected prescriptions and the GP has clinical oversight to enable the monitoring of patients' compliance with prescribed medicines

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

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.

Requires improvement



- A Notice of deficiencies has been issued by the Nottinghamshire fire and rescue service in respect of fire safety contraventions found within the practice. The fire service will follow-up compliance in line with their enforcement framework and risk based approach. The Nottingham City clinical commissioning group also issued a remedial notice and this will be reviewed as part of their contractual agreements with the practice. The practice had agreed to voluntary restrictions in the interim of securing alternative premises and this included all patient and staff activities being undertaken on the groundfloor.
- Despite these concerns, the practice had strengthened the measures in place to mitigate risks related to fire and procedures were in place to facilitate the evacuation of people in the event of a fire.
- Arrangements for managing patient safety information and medicines, including vaccinations, emergency medicines and equipment were mostly well managed. We however, found the GP was not always informed by staff of patients that had not collected their prescriptions to inform a review of their compliance with the prescribed medicines.
- The practice had identified the need to increase practice nurse capacity, however recruitment and retention of a full-time practice nurse had proved a challenge.
- The practice had systems in place to enable staff to report, record and analyse significant events. Staff understood the systems and were encouraged to report incidents.
- Learning from significant events was identified and openly discussed with staff to ensure action was taken to improve safety.
- The risks to patient care had been assessed, reviewed and risk management was recognised as the responsibility of all staff. The systems and processes to address these risks had been improved to ensure patients were kept safe. This included undertaking appropriate recruitment checks, monitoring of infection control and health and safety practices.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Practice supplied data for 2015/16 showed improved patient outcomes for most of the assessed clinical areas. This included performance indicators for diabetes, coronary heart disease, mental health, depression and dementia. This data had not been externally verified and published.
- The practice had identified further improvements could be made to chronic disease management subject to the recruitment of a full-time practice nurse.
- The individual needs of patients were assessed by staff and the care was delivered in line with current evidence based guidance.
- Clinical audits demonstrated improvement to patient outcomes and the quality of their care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a system in place for monitoring staff training to ensure staff were up to date with their mandatory and refresher training in line with the provider's procedures.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to ensure the delivery of coordinated care for patients.
- Although proactive steps were being taken by the practice team to increase the uptake of cancer screening programmes, the uptake rates were lower than the local and national averages, specifically, bowel and breast cancer screening.

Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients was positive with regards to the high standards of care provided by the practice team. Patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The national GP survey results for July 2016 showed an improvement in satisfaction scores for GP and nurse consultations. For example, 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%. This was a 17% increase from the January 2016 results of 73%.
- Records reviewed and discussions held with staff demonstrated personalised care and support was offered to patients and carers in response to their needs. This included support with

Good



Summary of findings

bereavement, access to translation services and reception staff who spoke Urdu and / or Punjabi. About 34% of the practice population had declared an ethnicity of Asian origin (including Pakistani and Indian).

- Care planning arrangements for people experiencing poor mental health and learning disabilities had significantly improved and we saw evidence of personalised care plans.
- The practice had identified 1% of their patient list as carers and their needs were actively reviewed to ensure they had adequate support for their caring role and their health needs were reviewed. Carer identification was a recognised ongoing area of improvement by the practice team.
- Information was available on the various types of support available to carers and patients with a range of long term conditions and or mental health needs.

Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they meet patients' needs.
- Reasonable adjustments were made to ensure the varying needs of patients with disabilities, impairments and / or whose first language was not English were met.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered a range of appointments to ensure patients had good access to health services when needed. This included on the day appointments, pre-bookable slots for routine appointments, telephone consultations and home visits.
- As a result of good access and patient education, the usage of secondary care such as accident and emergency services were significantly lower when compared to other local practices.
- Patients could sign up for online services which enabled them to book appointments, order repeat prescriptions and use the electronic prescribing scheme (EPS). EPS to send prescriptions electronically to a pharmacy of the patient's choice.
- Information about how to complain was available and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. All staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and these were kept up to date and implemented in practice.
- The overarching governance framework had been strengthened to support the delivery of good quality care. This included the overall administration of the practice and the management and retention of records.
- The arrangements for assessing, reviewing and monitoring risks, and the overall quality of service provision had improved. We saw evidence of regular audits and reviews of the practice performance and patient outcomes.
- The patient participation group (PPG) was active and met quarterly. The worked closely with staff to identify areas for improvement and supported them to make changes.
- There was a focus on continuous learning at all levels to sustain improvements to the quality of care.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Patients aged 75 years and over had a named GP to provide continuity of care.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- The practice offered personalised care to meet the needs of older people. This included booking hospital transport and / or appointments, as well as supporting patients whose first language was not English with understanding information related to their care.
- The practice offered good access for older people and this included same day appointments and home visits for urgent medical needs and / or routine health reviews.
- The practice staff worked effectively with multi-disciplinary teams to identify patients at risk of hospital admission, deteriorating health needs and social isolation to ensure their needs were met. This included joint working arrangements with the care coordinator, social workers, the community matron and district nurses.
- Practice supplied data for 2015/16 (yet to be externally verified and published) showed patient outcomes for conditions commonly found in older people had improved or had been maintained since our October 2015 inspection. This included management of osteoporosis, heart failure and rheumatoid arthritis.
- Care and treatment of older people reflected current evidence-based practice. For example the “falls and bones” specialist nurse facilitated a monthly clinic at the practice. Patients at risk of osteoporosis were identified and referred to secondary care for further examinations.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- The 2015/16 data supplied by the practice showed improved performance for clinical indicators related to long term conditions such as diabetes, coronary heart disease, and vital checks for cholesterol and blood pressure. This data had not been externally verified and published.

Summary of findings

- Recall systems had been strengthened to ensure patients attended for their health reviews or were followed up if they did not attend.
- The GP had the lead role in chronic disease management and they worked with multi-disciplinary teams (including specialist nurses) to offer integrated care for patients with most complex needs.
- Patients at high risk of hospital admission were identified, their health needs were reviewed and care plans were put in place to support them in the community.
- Longer appointments and home visits were available when needed to ensure the health and medicines needs of patients were met.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Immunisation rates were relatively high for all standard childhood immunisations when compared to the local averages.
- The practice worked with health visitors to follow up children who did not attend for immunisations and those at risk of abuse or deteriorating health.
- A range of flexible appointments were offered for this population group. This included same day appointments for children under the age of five, urgent appointments to accommodate children who were unwell and appointments outside of school hours.
- Staff had a good understanding of safeguarding children and families; and a range of information was available for patients including support for victims experiencing domestic violence.
- The GP undertook an audit of children and young people with a high number of accident and emergency (A&E) attendances. Follow-up action including review of patient's health needs had taken place with evidence of reduced attendances.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice offered online services and this included booking appointments, ordering of repeat prescriptions and access to summarised care records.

Good



Summary of findings

- The practice also offered the electronic prescribing service (EPS) which enabled the GP to send prescriptions electronically to a pharmacy of the patient's choice.
- Text messaging was used to confirm and cancel appointments, issue reminders and share health promotion information.
- Telephone consultations were offered and extended hours services were offered one evening per week (6.30pm to 7.30pm on a Tuesday) and on a Saturday morning (8.30am to 12.30pm) to facilitate appointments for working age patients.
- A range of health promotion literature and screening that reflects the needs for this age group was accessible to patients. This included travel vaccinations, advice on weight management, smoking cessation and NHS health checks.
- Significant efforts had been made by the practice team to promote national cancer screening programmes despite low uptake rates by patients. The practice supplied data for 2015/16 showed the uptake for the cervical screening programme in the last five years was 80%. This data was yet to be verified externally and published.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, staff liaised with the multi-disciplinary team to ensure vulnerable patients had the appropriate health and social care support in place and appropriate referrals were made to other organisations.
- The practice held a register of patients living in vulnerable circumstances including those patients receiving end of life care and patients with a learning disability.
- Six out of 10 eligible patients with a learning disability had received their health check in the last 12 months; and care plans were in place.
- The practice offered longer appointments for the review of patient's health needs with their carer.
- The practice had identified 1% of the practice list as carers and informed them about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their duty to report safeguarding concerns to the GP safeguarding lead and / or external agencies to ensure patients were protected from further abuse.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Staff had a good understanding of how to support patients with mental health needs and dementia; and had completed relevant training.

Practice supplied data for 2015/16 showed:

- Five out of six patients (83%) diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was an 8% increase compared to the 2014/15 published data which reflected a 75% achievement.
- Nine out of ten people (90%) experiencing poor mental health had received an annual physical health check and had a care plan in place. This was a 51.5% increase compared to the 2014/15 published data which reflected a 38.5% achievement.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. This included the crisis and home treatment team, early psychosis treatment team and referrals were made to services offering talking therapies and counselling
- Resources about how to access various support groups and voluntary organisations were available for patients experiencing poor mental health and dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Three comment cards also contained less positive comments relating to appointment waiting times, processing of repeat prescriptions and the GP not always explaining fully the care and treatment delivered.

We spoke with three patients during the inspection including two members of the patient participation group. All patients said they were satisfied with the care they received and thought staff were approachable, committed to delivering a good service and caring. They confirmed they being treated with dignity and respect; and would recommend the practice to others.

The national GP patient survey results were published on 7 July 2016. The results showed the practice was

performing above the local and national averages for most aspects of care. A total of 352 survey forms were distributed and 69 were returned. This represented 3% of the practice's patient list size.

- 91% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) of 72% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG and national averages of 85%.
- 78% 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 77% and national average of 78%.

Areas for improvement

Action the service **MUST** take to improve

- Ensure fire safety measures continue to be regularly reviewed and embedded to demonstrate compliance with the fire safety regulations.

Action the service **SHOULD** take to improve

- The practice should continue to make efforts to identify and support carers within their patient population (including carers from black and ethnic minority community).

- Ensure clear guidance is shared with staff regarding procedures for disposing uncollected prescriptions and the GP has clinical oversight to enable the monitoring of patients' compliance with prescribed medicines.

Dr Ezekiel Alawale

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Ezekiel Alawale

Dr Ezekiel Alawale's practice is also known as Lenton Medical Centre and is run by a single handed GP (male). The practice is part of the NHS Nottingham City clinical commissioning group (CCG) and the practice holds a personal medical services (PMS) contract. PMS contracts are locally agreed between the CCG or NHS England and a GP practice. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site.

Dr Ezekiel Alawale is registered with the Care Quality Commission (CQC) to provide the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury.

The practice had a patient list size of 2144 at the time of inspection. The practice population is culturally diverse with a significant proportion of patients from black and minority ethnic groups. This includes patients from Asian, African and Eastern European backgrounds. The common languages spoken are English, Urdu and Punjabi. Patients have access to interpreters and some staff are bi-lingual. The level of deprivation within the practice population is above the national average (fourth most deprived decile).

The GP is supported by a part-time nurse, healthcare assistant and two part time-locum nurses. The non-clinical team comprises of the practice manager, an assistant practice manager and three receptionists. The health care assistant and the assistant practice manager also undertake reception duties. Dr Ezekiel Alawale is a teaching practice facilitating learning opportunities for medical students in year one and two. At the time of our inspection there were no students.

The practice is open from: 8.30am to 6.30pm on Monday, Tuesday, Wednesday and Friday; and 8.30am to 1.30pm on Thursdays. Extended opening hours are available on Tuesday evenings between 6.30pm and 7.30pm; and 8.30am to 12.30pm on Saturday.

The out of hour's service is provided by Nottingham Emergency Medical Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

We previously inspected Dr Ezekiel Alawale's practice on:

- 13 November 2013 based on the outcome based methodology and all five standards inspected were found compliant.
- 20 and 22 October 2015 based on the new general practice inspection methodology. The practice was awarded an overall rating of inadequate and placed in special measures in March 2016 for a period of six months.

Detailed findings

Why we carried out this inspection

Dr Ezekiel Alawale was previously inspected on 20 and 22 October 2015 and rated inadequate overall. As a result, the practice was placed in Special Measures for a period of six months (from the publication of the final report) to enable improvements to be made.

The purpose of this inspection was to check if sufficient improvements had been made to comply with the legal requirements and regulations associated with the Health and Social Care Act 2008. We also 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. We looked at the overall quality of the service to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the Nottingham City clinical commissioning group, NHS England, Healthwatch and Nottinghamshire Fire and Rescue Service.

We carried out an announced visit on 15 September 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse, a healthcare assistant, and reception staff)
- Spoke with three patients including two members of the patient participation group.

- We observed how patients were being cared for and the environment within the practice.
- Reviewed a sample of records to corroborate our evidence.
- Reviewed 49 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 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

A comprehensive inspection was undertaken on 20 and 22 October 2015 and the safe domain was rated inadequate because of the following issues:

- Patients were at risk of significant harm because systems and processes were not implemented and embedded in a way to keep them safe. Areas of concern included: safe recruitment, infection control, medicines management and dealing with emergencies.
- The system to assess the risks to the health and safety of people accessing and / or using the service was not robust.
- Cover arrangements for clinical staff (GP and nurse) needed to be strengthened to meet the needs of patients.

At our most recent inspection we found that significant improvements had been made.

• Safe track record and learning

The practice had systems in place to report, record and analyse incidents and significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Records reviewed showed staff had completed training in respect of accident and incident reporting; and people affected by significant events received timely explanations and / or apologies.
- The practice maintained a log of significant events for analysis and three significant events had been recorded since our October 2015 inspection. The incidents had been discussed at the practice meetings to ensure lessons learnt were shared and monitored.

The practice had a system in place for receiving and acting on medicine alerts, medical devices alerts and other patient safety alerts. The GP took a lead role in acting upon the information. When concerns were raised about specific

medicines, patient searches were undertaken to identify patients that may be affected. Appropriate action including the review of prescribed medicines, was then taken by clinicians to ensure patients were safe. Actions taken in response to these alerts were documented to ensure an audit trail was maintained.

Overview of safety systems and processes

Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. For example:

- Suitable arrangements were in place to safeguard children and vulnerable adults from abuse. This included staff having access to relevant guidance and policies, understanding the signs of abuse and raising concerns with the GP safeguarding lead. Children at risk were discussed at regular safeguarding meetings with community based staff including health visitors. All staff had received training in respect of safeguarding children and vulnerable adults that was relevant to their role. This included level three training in safeguarding children by the GP. The practice also promoted awareness of domestic abuse and a range of useful information was strategically placed in different areas of the practice to ensure patients could access advice and support discreetly.
- Information was displayed in the waiting area advising patients they could request a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We observed the premises to be visually clean and tidy during our inspection. Appropriate cleaning schedules were in place within the practice to ensure high standards of cleanliness and hygiene were maintained. The infection control leads liaised with the local infection prevention teams to keep up to date with best practice. Infection control protocols and policies were in place and staff received training that was relevant to their role. An external agency was contracted by the clinical commissioning group (CCG) to undertake two yearly audits of which an audit was scheduled for October 2016. In the interim of this audit being

Are services safe?

completed, the practice completed a risk assessment and checklist to review the arrangements for cleanliness and infection control. We saw that improvements identified were implemented as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

- The GP was responsible for ensuring that patients taking high risk medicines were receiving appropriate monitoring tests, prior to reauthorisation of prescriptions.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, we found non-clinical staff would sometimes dispose of uncollected prescriptions without informing the GP of the patient's non-compliance.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific directive.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and DBS checks. The practice manager told us verbal references had been obtained for the two locum nurses; however this had not been documented in the staff files. We were assured this had happened post our inspection.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice had engaged a consultancy firm in May 2016 to provide advice and support on health and safety issues. The firm had reviewed the practice's procedures for monitoring and managing risks to patient and staff

safety; and recommendations for improvement had been implemented by the practice team staff. This included reviewing related policies, risk assessments and sharing the updated information with staff.

- All fire and electrical equipment had been checked to ensure they were safe to use and working properly. This included portable appliance testing for small electrical equipment and calibration of clinical equipment.
- The practice had a variety of other risk assessments in place to monitor the safety of staff and the premises. For example, risk assessments related to the use of computers, needle stick injury, and the control of substances hazardous to health.
- A Legionella risk assessment had been completed and a monitoring system for water outlets was in place to minimise risks to patients and staff. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The Nottinghamshire Fire and Rescue Service had audited the practice in March and June 2016 and found a number of fire safety contraventions. A Notice of deficiencies was issued and the practice agreed to voluntary restrictions until alternative premises were found. The restrictions included: all patient care and staff activities being delivered from the ground floor, the first floor being restricted to storage only and the second floor not being used. The fire and rescue service operates a risk based approach to following up Notices of deficiencies; and at the time of our inspection this had not been completed. The CCG had also issued a remedial notice and were reviewing contractual agreements with the provider.

Despite the identified fire safety contraventions, the practice had implemented some action to mitigate the risks. For example:

- The practice had a fire risk assessment in place and regular monitoring took place. This included weekly fire alarm tests, servicing of the fire detection and alarm system and fire fighting equipment. Two fire drills had been undertaken post our October 2015 inspection and staff we spoke to were fully aware of the evacuation procedures.
- The practice team had completed training in respect of health and safety, fire safety and designated staff were fire marshals.

Are services safe?

- Staffing arrangements was an identified area of improvement at this inspection, specifically recruitment and retention of a full-time practice nurse to ensure a comprehensive range of health reviews were offered to patients. At the time of our inspection, two part-time locum nurses were employed for a total of 12 hours a week (Saturday morning and all day Monday). The nurses were supported by the GP and a health care assistant who facilitated clinics three days a week. We found suitable arrangements were in place to facilitate cover arrangements during the GP's planned annual leave and / or absence. There was a rota system in place for all the different staffing groups including the reception staff to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received training in annual basic life support, cardio pulmonary resuscitation and / or anaphylaxis.
- The practice had a defibrillator available on the premises and staff had received relevant training to ensure they were able to use in the event of a medical emergency.
- There were emergency medicines available in the treatment room and oxygen with adult and children's masks. A first aid kit and accident book were also available.
- Emergency medicines were stored securely in the treatment room and accessible to staff. All staff knew of their location and all the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage; and a copy was kept offsite. This had been reviewed in July 2016 and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

A comprehensive inspection was undertaken on 20 and 22 October 2015 and the effective domain was rated inadequate because of the following issues:

- The 2014/15 data showed patient outcomes for half of the assessed clinical areas were significantly lower than the local and national averages. Specifically, outcomes for people experiencing poor mental health, depression and long term conditions such as diabetes and coronary heart disease.
- We found limited evidence of clinical audits driving improvement in performance and patient outcomes.
- There were limited records or an absence of records to evidence that all staff were supported with regular appraisals, personal development plans, supervision and up to date training.
- There was a low uptake rate for national cancer screening programmes; however the practice had an action plan in place to address this.

At this inspection, we found significant improvements had been made to ensure the provider had addressed the concerns.

Effective needs assessment

The practice assessed the individual needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed prescribing guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through audits and reviews of patient records.

Management, monitoring and improving outcomes for people

The practice could demonstrate that they had made significant improvement in their QOF achievement because they had put an effective system in place to proactively encourage patients by letter, text and telephone to attend for their health reviews. In addition, the recall system for inviting patients had been strengthened with all staff

having individual responsibility for monitoring patient attendance for specific long term condition registers, flagging up non-attenders as an alert on their clinical record and notifying the GP for further follow-up.

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. On our last inspection we reported the published results for 2014/15 showed the practice had achieved 78.7% compared to the clinical commissioning group (CCG) average of 91.4% and the national average was 93.5%.

The practice had an overall exception rate of 6% compared to a CCG average of 9% and national average of 10%. 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 practice shared with us their data for 2015/16 which had not been externally verified and published. This showed the overall QOF achievement had increased to 91%. When compared to the 2014/15 data, significant improvements had been made in the following clinical areas:

- Performance for diabetes related indicators had increased from 50% to 78%.
- Performance for depression related indicators had increased from 30% to 100%.
- Performance for dementia related indicators had increased from 77% to 90%.
- Performance for mental health related indicators had increased from 34.6% to 69%.
- Performance for secondary prevention of coronary heart disease related indicators had increased from 64.4% to 100%
- About 86% of patients with hypertension had regular blood pressure tests in the preceding 12 months compared to the 2014/15 achievement of 76.5%.

We reviewed a sample of patient records where exception reporting rates were high and held discussions with the GP.

Are services effective?

(for example, treatment is effective)

Our findings showed the decision to exception report was based on appropriate clinical judgement with clear and auditable reasons coded or entered in free text on the patient record. Examples of exclusions included:

- Patients who had not attended their health reviews in spite of being invited on three occasions.
- Patients for whom prescribing a specific medicine or treatment was not clinically appropriate and / or
- Patients newly diagnosed or who had recently registered with the practice who should have had measurements made within three months.

There was evidence of quality improvement including clinical audit.

- We saw evidence of eight clinical audits undertaken in the last year. Three of these were completed full cycle audits where changes were implemented and monitored with positive outcomes for patients.
- For example, the practice had undertaken an audit to determine the number of patients aged 65 and over taking nonsteroidal anti-inflammatory drugs (NSAIDs) without a proton pump inhibitors (PPI) as this placed them at high risk of gastric bleed. NSAIDs are medicines widely used to relieve pain, reduce inflammation, and bring down a high temperature; and PPIs reduce the amount of acid made by the stomach. The initial audit identified that 20% of patients on NSAIDs were not on PPIs. Recommendations were made as a result of the initial audit and a re-audit was undertaken a year later in September 2016. The re-audit demonstrated all patients were on PPIs.
- Other clinical audits and reviews covered a range of areas including medicines management and prescribing patterns, vaccination in pregnant women, diagnosis and management of patients with chronic kidney disease and minor surgery.
- The practice worked closely with the CCG medicines management team who carried out medicine audits to ensure prescribing was cost effective and adhered to local guidance.
- The practice participated in local benchmarking activities. This included a review of referral rates, accident and emergency (A&E) attendance and prescribing data.

Effective staffing

Records reviewed and staff we spoke with demonstrated they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This included opportunities to shadow colleagues and review the policies and procedures.
- Staff told us they felt well supported with their training needs and this included protected learning time. Staff had access to e-learning training modules and face to face training.
- There was a system in place for monitoring staff training to ensure staff were up to date with their mandatory and refresher training in line with the provider's procedures. This ensured staff completed training that covered their scope of work.
- The learning needs of staff were identified through a system of informal discussions, meetings, appraisals and a review of their individual development needs. Staff employed for over a year had received an appraisal within the last 12 months and supervision was provided for all staff.
- The current two practice nurses worked on a part-time and locum basis. Records reviewed showed they had completed role-specific training which included undertaking childhood immunisations, samples for cervical screening and / or blood samples and reviewing long terms conditions such as diabetes and chronic obstructive pulmonary disease (the name for a collection of lung diseases, including chronic bronchitis and emphysema).
- Communication between the two practice nurses was mostly written due to working on different days; however the GP was available to provide each nurse with support when needed.
- The GP and healthcare assistant held informal meetings after their clinics as part of supervision and to discuss any complex cases or areas of concern.
- The GP had been revalidated in May 2016 with the General Medical Council.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient

Are services effective?

(for example, treatment is effective)

record system. This included care plans, medical records, and investigation and test results. The GP had oversight of all referral letters, clinical letters and results. Our review of the clinical system showed all electronic results were seen, actioned and filed by the GP.

The practice team worked collaboratively with other health and social care professionals to assess the range and complexity of patients' needs, and plan ongoing care and treatment. The practice held monthly multi-disciplinary meetings attended by a wide range of professionals including the community matron, care coordinator, district nurses and the community mental health team. The meetings focused on delivering integrated care for vulnerable patients including those at high risk of hospital admission, patients receiving end of life care, frail and elderly persons. Care plans and meeting minutes were updated to reflect discussions and any agreed action points.

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 relating to consent and the Mental Capacity Act 2005. This was supported by the training they had received and awareness of related practice policies.
- The practice obtained written consent for minor procedures and staff were clear about when to obtain the different types of consent (written, implied and verbal).
- 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 recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- People with learning disabilities, patients at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation. The healthcare assistant and other clinicians offered relevant advice and / or patients were signposted to local services.

- The practice offered health checks for new patients and NHS health checks for patients aged 40–74. Follow-up action was taken to mitigate abnormalities or risk factors identified during these checks.

Practice supplied data for 2015/16 showed 80% of eligible female patients had cervical screening performed in the last five years. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by using information in different languages or using interpreters when a patient's first language was not English. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Published data for the time period 1 April 2014 to 31 March 2015 showed immunisation rates for the vaccinations given to children were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to:

- One year olds was 100% compared to the CCG average of 93%.
- two year olds ranged from 86% to 95.5% compared to the CCG average of 91% to 96%
- five year olds ranged from about 79% to 89% compared to the CCG average of 87% to 95%

Benchmarking data as at March 2016 showed out of 56 practices within the CCG, the practice had the highest uptake rate for:

- children completing the (MMR) booster course by five years,
- children completing the pre-school booster by age five and
- Children completing the five in one vaccine course by age two (diphtheria, tetanus, whooping cough, Hib and polio infections).

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Benchmarking data as at December 2015 showed the practice's uptake rates for cancer screening was mixed. For example, approximately 63% of females aged 50 to 70 were screened for breast cancer in the last three years and 32% of persons aged 60 to 69 were screened for bowel cancer in the last 2.5 years.

The practice was aware of the contributory factors to the low uptake and these included religious/cultural beliefs among some patients of the black and ethnic minority

groups and poor patient awareness of the benefits of screening. The practice was able to evidence the proactive measures taken to address this despite the low uptake. This included patient education, display of written information relating to the screening, working collaboratively with the local screening services in respect of inviting patients to attend screening (including the Nottingham Breast Institute), follow-up of patients who did not attend their appointments and supporting patients to book for the breast screening appointments where English language was a barrier.

Are services caring?

Our findings

A comprehensive inspection was undertaken on 20 and 22 October 2015 and the caring domain was rated requires improvement because of the following issues:

- Data relating to care planning arrangements for people experiencing poor mental health was significantly lower than the local and national averages.
- The practice did not maintain a carer's register and there was limited information available to patients and carers of how to access a number of support groups and organisations.
- The national GP patient survey results for consultations with GPs were lower than the local and national averages.

At this inspection, we found significant improvements had been made to ensure the provider had addressed the concerns.

Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity and respect. Staff were very helpful to patients both on the telephone and within the practice. Staff greeted patients politely as they presented at reception and the individual needs of patients were accommodated. We found suitable arrangements were in place to ensure the privacy and dignity of patients was maintained. For example:

- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- The use of curtains around the bed during examinations, investigations and treatments provided additional privacy and dignity.
- Patients were offered a private area/room if they wanted to discuss sensitive issues in confidence or appeared distressed.
- Staff had received training in maintaining patient confidentiality and a glass screen was in use at reception to ensure the for patients.

We spoke with three patients including two members of the patient participation group (PPG). They told us they were

satisfied with the care provided by the practice and described the service as a small practice that is family orientated and managed by staff that are always helpful and caring.

All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and were treated with kindness, compassion and understanding by the practice staff. Three comment cards also contained less positive comments relating to appointment waiting times, processing of repeat prescriptions and the GP not always explaining the care and treatment delivered.

The practice had implemented an action plan in response to the January 2016 national patient survey results which were lower than the local and national averages. The implemented actions included:

- Observation of reception staff and further training in customer care and improving patient experience.
- The GP actively engaging interpreters in consultations with patients whose first language was not English to ensure they were fully involved in decisions about their care.

The July 2016 national GP patient survey results showed an improvement in patient satisfaction with GP consultations. Most patients felt they were treated with compassion, dignity and respect.

- 92% (6% increase from January 2016 results) of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) and national averages of 95%.
- 88% (8% increase) of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.

The practice was in line with the local and national averages for satisfaction scores for nurse consultations.

- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national averages of 97%.
- 91% of patients said the nurse was good at listening to them compared to the CCG and national average of 91%.

Are services caring?

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

- 82% of patients said they found the receptionists at the practice helpful compared to a CCG average 88% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

Practice supplied data for 2015/16 (yet to be published and verified) showed that care planning arrangements for population groups we inspected was generally good. The data for people experiencing poor mental health had significantly improved with 90% of eligible patients having a care plan in place. This was an increase of 51.5% from the 2014/15 achievement of 38.5%. In addition, six out of 10 patients with a learning disability had been reviewed within the preceding 12 months and an up to date care plan was in place. We also reviewed samples of personalised care plans for patients with mental health needs, those with learning disability and a range of long term conditions.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from all but one comment cards we received was positive and aligned with these views.

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

- 91% (12% increase) of patients said the GP gave them enough time during consultations compared to the CCG average of 86% and the national average of 87%.
- 84% (7% increase) of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% (3% increase) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

The practice was in line with the local and national averages for satisfaction scores in respect of nurse consultations.

- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 90% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Translation services for patients who did not speak English as their first language. Some of the reception staff were bi-lingual and spoke Urdu and / and Punjabi; which were common languages spoken by some of the patients.
- The practice website had information leaflets in different languages explaining UK health services.
- Staff had attended training related to working with patients who had learning disabilities and dementia to increase awareness.

Patient and carer support to cope emotionally with care and treatment

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This was aligned with the national GP survey results.

- 90% (17% increase) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

The practice identified patients who may be in need of extra support. This included carers, patients receiving end of life care, those at risk of hospital admission and / or developing a long-term condition. A range of information packs and leaflets were displayed in the waiting area

Are services caring?

directing patients to the various avenues of support available to them. This included information related to support organisations for people living with dementia, carers, older people and cancer.

The practice had identified 24 people as carers and this represented 1.1% of the practice list. A carers' register was in place and the care needs of the carers were actively reviewed. This included contact by staff to establish if the carers required any additional support and discussions at multi-disciplinary meetings.

Carer identification was a recognised ongoing area of improvement by the practice team. A designated member of staff was the carer's lead and was in the process of

identifying additional carers. The practice acknowledged that due to the high percentage of patients from black and ethnic minority groups, some patients did not always want to be recognised as carers as they felt it was their role/duty to care for a family member.

The GP would usually contact or visit relatives following the death of patient to offer condolences and signpost them to appropriate services such as counselling, if required. In some circumstances, the GP and / or staff attended the burial of patients whose care they had been actively engaged in. Records reviewed also showed that reception staff sent bereavement packs and condolence cards.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

A comprehensive inspection was undertaken on 20 and 22 October 2015 and the responsive domain was rated good.

Responding to and meeting people's needs

The practice was responsive to the needs of its patients and their preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. For example:

- The practice hosted a range of clinics facilitated by specialist nurses. This included the diabetes specialist nurse, "falls and bone" nurse and cardiac heart nurse which enabled patients to receive care closer to home.
- Patients from other practices were able to attend the surgery as part of the Any Qualified Provider (AQP) scheme for treatment room services not provided at their own surgery. This included blood tests and an electrocardiogram test (an ECG is a test used to check the heart's rhythm).
- Patients were able to access other services such as minor surgery and travel vaccinations.
- The practice used standard text messages to disseminate health promotion information, confirm and remind patients of their booked appointments. Patients could cancel their appointments by text and this enabled the practice to offer the appointment to other patients who needed them.
- The practice had refurbished some areas of the practice and made reasonable adjustments to improve the décor and patients' experience of using the service.
- A hearing loop was available in the reception area for patients with hearing impairments and the reception desk had a lowered section to offer easier access for wheelchair users and those of short stature.
- Translation and interpretation services were available for those who required them and longer appointments were provided to facilitate communication.
- Patients could sign up for the electronic prescription service and order repeat prescriptions on line. The EPS service enabled patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GP triaged all requests for home visits to determine if a home visit was clinically necessary and the urgency of the need for medical attention.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Access to the service

The practice was open:

- 8.30am to 6.30pm Monday, Wednesday and Friday
- 8.30am to 7.30pm on Tuesday
- 8.30am to 1.30pm on Thursday and
- 8.30am to 12.30pm on Saturday.

Although a clinician was onsite from 8.30am, GP appointments were available from 9am up to the closing time of each day. Extended hours for GP and / or nurse appointments were offered from 6.30pm to 7.30pm on Tuesday evening and 8.30am to 12.30pm every Saturday for working age patients and patients who could not attend during normal opening hours. Routine appointments could be booked up to 72 hours in advance to see a doctor of choice and a proportion of appointments were also available to book on the same day.

Feedback from patients highlighted that the practice offered good telephone access and appointments with the GP. Patients told us they could access appointments and services in a way and at a time that suited them. This was reinforced by the national GP patient survey results which showed that patient's satisfaction with how they could access care and treatment was above local and national averages for most aspects of care. For example:

- 91% of patients said they could get through easily to the practice by phone which was above the clinical commissioning group (CCG) average of 72% and national average of 73%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and national average of 85%.
- 85% of respondents said the last appointment they got was convenient compared to the CCG and national averages of 92%.

The good access offered by the practice was reflected positively on the low numbers of patients who attended hospital services including accident and emergency (A&E), despite their close proximity to the local A&E located less than a mile away. For example, the CCG benchmarking data for the period August 2015 to July 2016 showed the practice had one of the lowest rates for emergency admissions for:

- ambulatory care sensitive preventable conditions (conditions where effective community care and case management can help prevent the need for hospital admission)
- first outpatient attendance
- Emergency and elective inpatient spells; when compared with 56 practices in the CCG.

The low numbers in A&E attendances were also achieved through patient education and signposting to other services such as pharmacy first. Pharmacy first aims to improve patient access to GP appointments by encouraging patients with certain minor ailments to use the pharmacy for treatment rather than making an appointment at the surgery.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were mostly in line with recognised guidance and contractual obligations for GPs in England. The policy needed to be updated to amend sections relating to the primary care trust which is no longer in existence and include the role of NHS England in receiving and managing complaints.
- The practice manager was the designated person who dealt with complaints in the practice; with support from the GP if the complaint related to clinical care.
- Staff had received training in complaints and demonstrating awareness of how to support patient's raise complaints if needed.
- Information was available to help patients understand the complaints system in the waiting area. This included information relating to advocacy and support services and how to escalate a complaint if a patient was not satisfied with the response from the practice.
- We looked at three complaints received since our last inspection in October 2015. We found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints.

Are services well-led?

Good 

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

Our findings

A comprehensive inspection was undertaken on 20 and 22 October 2015 and the well-led domain was rated inadequate because of the following issues:

- The practice did not have a clear strategy to deliver high quality care and some staff were not fully aware of the vision and their roles in achieving it.
- The overarching governance framework was not robust and
- Significant improvements were required to strengthen the practice leadership and management of records relating to staff and the delivery of regulated activities.
- Although policies and procedures were in place, some of these were not implemented in practice to ensure safe care and treatment.

At this inspection, we found improvements had been made to ensure the provider had addressed the concerns and met the regulations in respect of good governance.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This included values relating to mutual respect, partnership working and anti-discriminatory practice; as well as succession planning and improving clinical governance.

- We found a documented strategy was in place. This included an action plan detailing the improvements made following the concerns identified at the October 2015 inspection and a focus on continuous learning and improvement at all levels within the practice.
- The practice were also aware of the challenges impacting on service provision and this included recruiting and retention of a practice nurse and the suitability of the premises.
- All staff we spoke to knew and understood the practice values. They were engaged with the practice vision and were aware of the importance of their roles in delivering it.
- The practice's "statement of values" had been shared with all staff and was displayed for patients in the waiting area.

Governance arrangements

The practice had improved its overarching governance framework to ensure it supported the delivery of good quality care. For example:

- We found the administration of the practice was well managed and the practice manager demonstrated understanding of the regulations underpinning the areas they were assigned to supervise.
- We found records relating to staff and the management to regulated activities were readily accessible and well organised on the inspection day.
- Practice specific policies we reviewed were up to date, implemented in practice and available to all staff on the practice intranet or in hard copy. There were systems in place to ensure all staff were informed of changes and for the management to be assured that staff had read any new policies.
- A comprehensive understanding of the performance of the practice had been maintained. For example, the practice had identified areas for improvement following the results of the national GP survey and had developed and implemented an action plan. They also reviewed their performance data relating to the management of long term conditions and exception reporting. Measures were put in place to improve patient outcomes where needed and reviewed in regular practice team meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were improved systems in place for identifying, recording and managing risks, and implementing mitigating actions. The practice had engaged an external consultancy firm to provide advice and support in improving the health and safety management within the practice.
- All staff we spoke with were aware of their roles and responsibilities which included effective team working to ensure improvements to patient care were sustained. Staff also confirmed they had sufficient time to undertake their lead roles.

Leadership and culture

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

Are services well-led?

Good 

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

- Staff told us they were given autonomy to undertake their day to day duties whilst remaining accountable to the management team.
- Staff described communication within the practice as being effective and encouraging a transparent culture. This included monthly staff meetings and daily informal discussions.
- Staff told us the GP and practice manager were approachable and always took the time to listen to them. As a result, they felt respected, valued and supported in the practice.
- The practice had systems in place to ensure that when things went wrong with care and treatment, patients were informed provided with an apology or support where needed.
- Staff told us a no blame learning culture was promoted within the practice.
- The practice was an accredited teaching practice for medical students. Placements were facilitated for year one and two students from the local university.
- The practice had gathered feedback from patients through the patient participation group (PPG), friends and family test survey, practice surveys and suggestions received. Records reviewed showed most of the patient feedback was positive about the quality of care received.
- There was an active PPG which met on a quarterly basis, with the most recent meeting held in August 2016. The meetings allowed patients to submit proposals for improvements and for the practice management team to inform patients of the overall service provision and any changes. A newsletter was also published with copies printed out for patients to take when they attended the reception desk.
- We spoke with two members of the PPG who told us the practice was proactive in engaging with them and they felt the practice worked well to deliver a good service.
- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- All staff were aware of the whistleblowing policy and the procedures to follow should they need to raise concerns internally or externally to other organisations.

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

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>Although the practice had implemented measures to improve fire safety, a notice of deficiencies had been issued by the Nottinghamshire fire and rescue service in respect of fire safety contraventions found during their June 2016 visit and a remedial notice had also been issued by the Nottinghamshire City clinical commissioning group. This enforcement action will be followed up by the two agencies in line with fire safety regulations and contractual agreements respectively.</p> <p>This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>