

Halcyon Medical Limited

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Halcyon Medical Limited on 10 January 2016. Overall the practice is rated as requires improvement.

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

- The practice was proactive in identifying, managing and learning from significant events, incidents and complaints.
- We saw some evidence that staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver care and treatment. However, the practice was unable to demonstrate timely care planning to ensure appropriate treatment and optimal outcome for patients.
 - The practice could not demonstrate clinical quality improvement as all audits were single cycle audits.

Following the inspection the practice had submitted evidence that an osteoporosis audit had been undertaken in 2016 and this is due to be re-audited in the next five years. A miscarriage audit in April 2016 had been carried and discussed. It was agreed by the team that no changes were needed and no re-audit was necessary.

- Patients could access appointments and services in a way and at a time that suited them. The practice offered appointments with nurses and GPs on Saturdays and Sundays which was ideal for many patients who worked during normal hours. However, some patients commented that they found it difficult to get an appointment with a GP of their choice.
- There were longer appointments available for patients when needed. The practice operated a duty doctor system and telephone consultation and urgent access appointments for those with serious medical conditions.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. A lift was available for patients who had difficulty with their mobility.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Some areas of governance were not always effective. For example, systems and processes to support clear patient specific directions (PSDs) for the healthcare assistant to administer specific vaccinations; systems to review and update staff training and recruitment files and to ensure regular monitoring of practice performance and patient outcomes. There were no systems to review performance against childhood vaccinations. Clinical outcomes for childhood vaccination were below expected levels.
- There was a leadership structure in place however, some staff members including management staff members had been and/or were on long term leave which had an adverse effect on some aspects of the delivery of the service.
- Information about services and how to complain was available and easy to understand. Annual trend analysis of complaints was carried out and improvements made to the quality of care as a result.
- Effective systems must be in place for timely care planning to ensure appropriate treatment, welfare and optimal outcomes for patients
- Healthcare assistants must have a patient specific prescription or direction from a prescriber in place to administer medicines to patients.
- The practice must strengthen governance systems and processes to proactively monitor performance and improve quality. For example, demonstrate quality improvement through at least two completed clinical audit cycles. Governance processes must be effective in delivering good quality care through appropriate monitoring of childhood vaccinations; professional registration to ensure the process for managing blank prescription forms complied with national guidance. Improve telephone access for patients to services they require and ensure staff files are up to date including staff identification and registration with their professional bodies.
- The practice must assess and mitigate risks by monitoring staffing levels to ensure appropriate cover is in place to reduce impact on the day to day management of the service.

The areas where the provider must make improvement are:

The areas where the provider should make improvement are

- Review national GP patient survey results and explore effective ways to improve patient satisfaction.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- There were effective systems in place for reporting incidents, near misses and positive events, as well as comments and complaints received from patients.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff members we spoke with were aware of their responsibilities to raise and report concerns.
- Cleanliness, equipment and medicines were monitored and maintained.
- The practice process for the administration of vaccines by a healthcare assistant through PSDs required review along with its process for management of blank prescription pads. Shortly after the inspection a nurse staff member confirmed to us that they had amended their PSD system to ensure a more effective process was being followed.
- We observed the premises to be visibly clean and tidy. There were adequate arrangements in place to deal with emergencies and major incidents.
- Some staff members were on long term leave and the practice did not monitor staffing levels to ensure appropriate cover was in place to reduce impact on delivery and management of the service.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were below local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- GPs were reviewing their practice and undertaking quality improvement activity through clinical audits. However, they were single cycle audits and therefore could not demonstrate improvements. Following the inspection the practice had submitted evidence that an osteoporosis audit had been

Requires improvement



Summary of findings

undertaken in 2016 and this is due to be re-audited in the next five years. A miscarriage audit in April 2016 had been carried and discussed. It was agreed by the team that no changes were needed and no re-audit was necessary.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, staff files needed to be reviewed to ensure training and registration details for some staff members were up to date and current.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was unable to evidence that adequate care plans were in place to support vulnerable patients or those patients with more complex needs.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient's survey published in July 2016 highlighted that patients were mostly happy with how they were treated. The practice results for its satisfaction scores on consultations with GPs were mostly in line with CCG and national averages. However, satisfaction score for nurses were slightly below local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice sent out text message appointment reminders. If patient no longer need the appointment they could respond to the message reminder cancel their appointment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice demographics confirmed a younger than average list and therefore, they were only able to identify 0.1% of its patient population as carers. Staff we spoke with advised that they were continuously working on identifying cares to offer them support and carers packs were available in the waiting area.

Good



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice took part in the primary care commissioning framework (PCCF) to improve quality of care. As part of the PCCF the practice offered weekend opening hours.
- Most of the GP worked set days and hours and some patients said they found it difficult to get an appointment with a named GP. The GPs worked set days and shifts to cover extended hours during the week and at weekends.
- There was a duty GP system and urgent appointments were available the same day with the GP on duty.
- Many patients were international students from a local university registered with the practice. The practice engaged with these patients by delivering talks at the university on the NHS system and encouraged them to join a GP.
- Patients could use on-line access to book appointments directly with the GP of their choice and access their own medical records.
- The practice was located on the lower ground floor of a city centre chemist and a lift was available for patients who had difficulty with their mobility.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was rated below local and national averages for some areas of care in the national patient survey. However, relevant staff members we spoke with were unaware of this and were unable to provide evidence that an action plan had been developed to make improvements to patient satisfaction. Following the inspection, the practice forwarded evidence to demonstrate that the results were shared with the Patient Participation group (PPG).
- Where the practice was made aware that improvements were required action was not taken. For example, the practice regularly received information from the telephone provider that maximum call parameters had been reached when people were waiting for calls to be answered. However, the practice had not taken any action.

Are services well-led?

The practice is rated as requires improvement for providing well-led services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients' and this was displayed in the patient waiting area. Staff were clear about the vision and their responsibilities in relation to it. However, some staff members were on long term leave which impacted the practices ability to deliver this vision.
- There was a governance framework to support the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. However, this needed to be further strengthened as there were no plans to monitor and improve performance in areas such as QOF achievement or to maintain adequate record keeping of staff training and registration.
- The practice had a number of policies and procedures to govern activity and held regular team meetings. The practice held team away days annually to discuss and update on its strategy. However, we saw that the strategy had not been updated since 2015 despite having been revised during the annual away day in 2016.
- The practice patient participation group (PPG) was active and a member we spoke with told us that the practice acted on their feedback.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice population comprised mainly of students and working age people. However, the practice offered some services to meet the needs of these population groups. For example, they offered a shingles vaccinations service as well as a home visits. We were told that only one home visit was requested over the last four months.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- Many of the elderly patients lived outside of the catchment area but the practice had a flexible approach to registration allowing these patients to stay registered with the practice.

Requires improvement



People with long term conditions

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

- The practice overall achievement for QOF was below local and national averages. Management staff we spoke with were unaware of this and therefore there were no plans in place to make improvements.
- The practice explained that they had a large number of students registered at the practice. Many of these students moved out of the city after completing their studies without informing the practice and this made it difficult for the practice to engage these patients for any check-up or reviews.
- Due to poor uptake the practice stopped offering dedicated clinics for long term conditions and instead offered flexible appointments for long term conditions to suit patient needs.
- Performance for overall diabetes related indicators was 88%, compared to the CCG average of 88% and national average of 90%.

Requires improvement



Summary of findings

- The percentage of patients with hypertension having regular blood pressure tests was 88%, compared to the CCG average of 82% and national average of 82%.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- Immunisation rates for the standard childhood immunisations were below local and national averages.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 78% and was comparable to the CCG average of 78% and national averages of 81%.
- Appointments were available outside of school hours. The practice was open on Saturdays and Sundays and appointments were prioritised for working patients and families. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice supported parents of children admitted to the nearby children's hospital through temporary registration at the practice.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Most patients registered at the practice were students and people working in the centre of Birmingham. Many of the patients were international students and the practice engaged with these patients by delivering talks to them about the NHS system and to encourage them to register with a GP.

Requires improvement



Summary of findings

- Patients could access appointments and services in a way and at a time that suited them.

Appointments could be booked over the telephone, face to face and online (directly with the GP of their choice and access their own medical records).

- The practice offered weekend appointments and prioritised these for working patients and families.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group including sexual health services. The practice had good links with a local young people's mental health services.

People whose circumstances may make them vulnerable

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

- The practice was located in a city centre chemist in Birmingham. The practice had registered homeless and refugee patients and staff members demonstrated adequate understanding of their needs to enable them to access a range of health and social services required to meet their needs.
- The practice offered longer appointments for vulnerable patients including those with a learning disability.
- The practice had a list of vulnerable patients but could not demonstrate if care plans were in place for any of these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as mental health organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the local CCG of 83% and the national average of 84%. The practice exception reporting was 0% which was better than the local CCG and national exception reporting of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- A staff member employed by Birmingham Healthy Minds held clinics twice weekly and patients were seen through a referral process by their GP.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Most of the patients registered at the practice were students and those working in the city centre of Birmingham. The practice had good links with a city centre drop in service (Pause) providing mental health support for people aged 0-25.
- Data we looked at before our inspection confirmed that the practice carried out advance care planning for patients with dementia. However, the practice was unable to show us any care plans on the day.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results were mixed in regards to performance in comparison with local and national averages. Of the 372 survey forms that were distributed, 36 were returned. This represented a 10% return rate and 0.3% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 75% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the local CCG average of 75% and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards, most were positive about the standard of care received. Patients said their dignity and privacy was respected and staff were described as friendly and helpful. Some patients also commented that it was occasionally difficult to make an appointment.

We spoke with two patients during the inspection including a member of the Patient Participation Group (PPG). Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One of the patients commented that they often struggled to see a GP of their choice as the doctors worked different days and times. The practice had also carried out the Friends and Family Test (FFT) and reviews of the last three months we looked at showed that most patients would recommend the practice to friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Effective systems must be in place for timely care planning to ensure appropriate treatment, welfare and optimal outcomes for patients
- The practice must assess and mitigate risks by monitoring staffing levels to ensure appropriate cover is in place to reduce impact on the day to day management of the service.
- The practice must strengthen governance systems and processes to proactively monitor performance and improve quality. For example, demonstrate quality improvement through at least two completed clinical audit cycles. Governance processes must be effective in delivering good quality care through

appropriate monitoring of childhood vaccinations; professional registration to ensure the process for managing blank prescription forms complied with national guidance. Improve telephone access for patients to services they require and ensure staff files are up to date including staff identification and registration with their professional bodies.

- Healthcare assistants must have a patient specific prescription or direction from a prescriber in place to administer medicines to patients.

Action the service **SHOULD** take to improve

- Review national GP patient survey results and explore effective ways to improve patient satisfaction.

Halcyon Medical Limited

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 nurse specialist adviser.

Background to Halcyon Medical Limited

Halcyon Medical Limited also known as Halcyon Medical Practice is a city centre GP surgery with an approximate patient population of 11000. Halcyon Medical Limited provides a range of primary medical services from a located within a large high street chemist at 67 – 69 High Street, Birmingham B4 7TA. Majority of the patients registered at the practice are from a local university with a significant number of international students. Other patients include those working within the city centre of Birmingham.

Compared to the national average, the practice has a significantly higher proportion of patients aged between 20 and 34. Conversely the practice has a significantly lower than average patient population between the ages of 0 to 15 and 35 and over.

Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Halcyon Medical Limited are below the national average, ranked at three out of 10, with 10 being the least deprived.

The practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is a limited company owned by the medical director who is also the registered manager. The registered manager was not available on the day of the inspection. The practice is also an approved training practice and provides training to GP Registrars as part of their ongoing training and education. The full clinical staff team also includes four salaried GPs, one trainee GP and one FY2 (foundation year two placement) trainee doctor on their second year after graduation. The team is supported by a practice business manager, a deputy manager as well as a team of reception and administration staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice is also open on Saturdays and Sundays between 10am and 2pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

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. We carried out an announced visit on 10 January 2016. During our visit we:

- Spoke with a range of staff (including the nurses, management staff, two GPs and administration staff.
- We spoke with two patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at a range of documents made available by the practice.

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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events which was supported by a policy that was accessible to all staff. There was an electronic system to record and share incidents with the Clinical Commissioning Group (CCG). Staff told us they would use the system to report incidents and/or inform the practice manager of any incidents. The practice had reported nine incidents in 2016 and minutes of meeting we looked at confirmed learning from significant events were discussed.

The practice received patient safety alerts via email which were then forwarded to relevant staff by the practice business manager. We saw evidence that alerts were sent to relevant staff and documented action that was taken where relevant. For instance, we were shown examples of searches carried out on the practice patient record system after receipt of Medicines and Healthcare products Regulatory Agency (MHRA) alert. Minutes of meetings looked at showed that alerts were a standing item for discussion and relevant alerts were discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff demonstrated they understood their responsibilities in regards to safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice healthcare assistant was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified.
- Most 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. For example, the practice prescribed warfarin to patients who were under the care of the local hospital. Before prescribing the medicine, checks for the recommended dose at the last review were done. Records we looked at confirmed this.
- The practice was supported by the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence that the practice achievement for total antibiotic prescribing for period April 2016 to June 2016 was better than the target set by the CCG. The practice was one of the lowest prescribers compared to other practices within the CCG.
- The practice stored securely blank prescription forms. However, we saw three loose leaf blank prescription sheets that were pre-signed by the medical director in the locked cupboard. Staff were unable to explain why they had been pre-signed. This did not assure us that an appropriate system was in place to monitor and review prescription pads.
- Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are a written instruction, from a qualified and registered prescriber for a medicine to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. However, we saw PSDs had been pre signed by the medical director/ registered manager. Therefore, authorisation by the prescribing GP was not patient specific as there was no clear audit trail in place to demonstrate that the patients had been reviewed by the prescribing GP prior to the health care assistant administering vaccinations.

Are services safe?

- Shortly after the inspection a nurse staff member confirmed to us that they had amended their PSD system to ensure a more effective process was being followed and was scheduled for discussion and dissemination during the team next meeting.
- We reviewed four personnel files and found some information was missing. For example, we looked at a personnel file of a nurse and were unable to see evidence that the practice had confirmed their proof of identity including a recent photograph. The practice had not confirmed the current registration of a nurse with their professional body. We checked the registration status of the nurse online and found that registration with their professional body was appropriate and current.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the office which identified local health and safety representatives.
- The practice was located in a high street chemist who was responsible for the maintenance of the building. They were also responsible for the firefighting equipment and carried out regular fire drills. We were told that fire drills were carried out weekly but the practice was unable to evidence this as they were not given any documentation (by the chemist). We looked at firefighting equipment and saw that they had been serviced by a specialist organised by the chemist and staff members we spoke with confirmed that regular fire drills were carried out.
- We saw evidence to confirm that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Some staff members were on long term leave and the practice did not monitor staffing levels to ensure

appropriate cover was in place to reduce impact on delivery and management of the service. Management staff we spoke with confirmed that there were three staff members on long term leave with one staff having returned the previous day (and were on a phased return). Other staff members we spoke with including clinical staff members told us that there was currently a lack of adequate administration support which placed more pressure on staff. Management staff we spoke with told us that they had tried to recruit a temporary staff. They had placed an advert recently but were unsuccessful as there had been no response. The practice had not taken any further action to ensure appropriate staffing levels.

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 annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and details of relevant personnel that managed the building.
- The practice was located on the lower ground floor of a high street chemist and staff told us that the practice had been flooded on three separate occasions (due to heavy rain). The practice had a developed dedicated flood continuity plan and staff told us that on the three occasions the practice was able to continue to provide service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. For example, staff attended regional learning events twice annually. The practice also held in house learning events twice yearly to ensure staff kept up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment to meet patients' needs.
- The practice monitored these guidelines through audits. For example, the practice had carried out a pre-diabetes audit in May 2016 and the diagnosis criteria were based on NICE guidance. The practice had not carried out a second cycle audit but plans were in place to repeat this audit.
- The practice had decided not to participate in the unplanned admissions enhanced service as it could not meet the requirements of the service with the patient population it currently served. However, the practice could not demonstrate that vulnerable patients or those with more complex needs had a care plan developed to ensure a tailored approach to their care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86% of the total number of points available. This was below the CCG average of 95% and the national average of 95%. The practice overall exception reporting was 13%. This was above the local CCG average of 6% and the national average of 5%. (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). Clinical staff and management staff we spoke with were unaware of the QOF achievement and high exception reporting. Consequently there were no plans in place to make improvements.

Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the local and national average. The practice achievement for diabetes was 88% of the total points available. The local CCG average was 88% and the national average was 90%.
- Performance for mental health related indicators was higher compared to the local and national average. The practice achievement for mental health was 97% of the total points available. The local CCG average was 92% and the national average was 93%. Most of the patients registered at the practice were students and those working in the city centre of Birmingham. The practice had good links with a city centre drop in service (Pause) providing mental health support for people aged 0-25.
- The percentage of patients with hypertension in whom the last blood pressure reading in the last 12 months was 150/90 mmHg or less was 88%. This was above the CCG average of 82% and the national average of 83%.

Most of the practice population registered at the practice were from a local university and a significant number were international students who did not always inform the practice when they had left. Clinical staff also explained that they had a greater number of transient populations which also made it more difficult to contact patients for regular reviews. The practice informed us that they always invited patients on at least three occasions to attend for reviews before being exception reported.

We were shown five audits on the day of the inspection. They included audits on osteoporosis, pre-diabetes as well as an audit on accident and emergency attendance. None of these audits were second cycle audits. However, second cycle audits were scheduled including for pre-diabetes. Post inspection, the practice had submitted evidence that an osteoporosis audit had been undertaken in 2016 and this was due to be re-audited in the next five years. A miscarriage audit in April 2016 had been carried and the practice informed us post inspection that the results were discussed at the practice's annual away day and it was

Are services effective?

(for example, treatment is effective)

agreed as a team that no changes were needed and no re-audit was necessary. The practice also informed that a missed appointment (DNA) audit had been carried out and a re-audit was planned.

The practice had reviewed their data on chronic pain management in view to reviewing these patients.

Effective staffing

We looked at four staff files and saw arrangements were in place for the effective induction of staff. The practice had systems in place for annual appraisals for all staff and staff that we spoke with confirmed this. This **enabled** identification of any learning needs.

Staff received training that included: safeguarding, basic life support and information governance. We saw examples where staff had access to and made use of e-learning training modules. However, staff files we looked at were generally not well organised and some information was missing. For example, one staff file we looked at detailed safeguarding training had been attended by the relevant staff member. However, there was no evidence such as a certificate to evidence that the training had been completed. A management staff member we spoke with told us updating of staff files was an area they had identified for further improvement. Following the inspection the practice confirmed that all safeguarding training was up-to-date and certificates were available in the practice. However, staff members on the day could not produce the certificate when requested.

Staff members we spoke with told us that the practice was supportive and encouraged further training and continual professional development. Staff told us that they had regular protected learning time on Tuesday afternoons for mandatory training to ensure they were up to date with any changes. Three staff members were also currently undertaking National Vocational Qualifications (NVQs). Nurses we spoke with told us that they received support from the GPs who were always available and confirmed that they were up to date with all their training. The CCG held quarterly practice nurses forum and a nurse member from the practice always attended and cascaded any information to other staff.

Coordinating patient care and information sharing

The practice had a policy for handling pathology results which were processed and actioned by the GPs. However,

clinical staff we spoke with told us that due to the number of administration staff being off on long term leave, there was a lack of back office support. For example, we saw five hospital communications were actioned (and marked as actioned) but had not been scanned on to the patient records system. Two of these were from 2012. However, these were isolated and did not represent a whole system issue and did not pose a risk to patients.

The practice decided not to participate in the unplanned admissions service as the practice felt that they were unable to meet the requirements of the service with the patient population it served. However, the practice had identified nine patients that were on the vulnerable register. There was a list of patients with mental health needs and those with dementia. However, staff were unable to demonstrate that care plans had been developed for any patients to ensure an approach to care taking into account patient priorities and preferences.

Consent to care and treatment

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

- Staff members we spoke with demonstrated understanding of relevant consent and decision-making requirements including legislation and guidance of the. Staff files we looked at showed that they had attended training in Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The lead GP who was the registered manager carried out minor surgery. They were away on the day of the inspection but we were shown a template of a consent form that was used to before carrying out any minor surgery procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example the practice had a register of patients with mental health needs, dementia and asthma. The practice followed principles of the Gold Standards Framework (GSF) for palliative care. Currently, there were no patients on the practice's palliative care register.

The practice did not hold specialised clinics for such conditions as asthma and diabetes. We were told that the practice had held specific clinics previously but had

Are services effective?

(for example, treatment is effective)

stopped them due to poor uptake. Patients were able to book reviews for their long term conditions when it suited them. We saw evidence that reviews for long term conditions such as diabetes had been undertaken and longer appointment times were booked for these patients. Also, a specialist diabetes nurse attended the practice regularly to review patients with complex cases.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had a 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. Following the inspection the practice informed us that their patient population consisted of mainly students, a percentage of which were international students who tended to have their cervical screening undertaken taken in their country of origin and were therefore not willing to undergo the procedure again. They were often unable to provide the practice with documentation. Even when documentation was presented to the cytology screening programme, it was not always accepted as evidence that screening has taken place. The practice believed that as a result their exception reporting rate may have been particularly high for cervical screening.

Childhood immunisation rates for the vaccinations given were below local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 24% to 48% which was below the 90% standard target. For five year olds vaccination rates were from 36% to 71%. The CCG average for five year olds was from 86% to 94% and the national averages were from 88% to 94%. Staff were unaware of the low achievement and consequently there were no plans in place to improve.

We were told that there was a small number of eligible children which contributed to the lower figures as most of the patients registered at the practice were students from a local university and people working in the centre of Birmingham. The practice did offer Saturday and Sunday appointments with nurses and GPs to meet the needs of these patients and prioritised working patients and families on weekends when offering appointments.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example, the practice had performed health checks on 80% of patients aged 40-74 so far this year. Health checks were performed for 90% of patients who were aged above 75 so far this year.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- During our inspection we saw that members of staff were friendly and helpful to patients both attending at the reception desk and on the telephone.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 47 patient Care Quality Commission comment cards and most comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with respect and kindness.

We spoke with two patients on the day of the day of the inspection. One of the patients we spoke with was a member of the patient participation group (PPG). Both patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results for its satisfaction scores on consultations with GPs were mostly in line with CCG and national averages. However, satisfaction scores for nurses were slightly below local and national averages. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% national average of 85%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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. Most of the patient feedback from the comment cards we received was also positive and aligned with these views. However, the practice was unable to evidence any personalised care plans that had been developed for vulnerable patients documenting any specific needs or support they may need.

Results from the national GP patient survey were mixed to questions about patient involvement in planning and making decisions about their care and treatment. Feedback regarding GPs were similar to local and national averages but were slightly below for nurses. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

We spoke with management staff in regards to the GP patient survey results. However, who told us they were unaware of the GP patient survey results and consequently no improvement plans were in place. Following the inspection, the practice forwarded evidence to

Are services caring?

demonstrate that the results were shared with the Patient Participation group (PPG). However, this did not demonstrate that any actions to improve had been discussed or implemented to make improvements.

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

- Most of the patients registered with the practice were students with a significant number of international students. Staff told us that translation services (including telephone translation) were available for patients who did not speak English as a first language. The practice had an automated arrivals check in system in various languages. It also informed patients if appointments were running late.
- Information leaflets were available in easy read format and the practice website could be translated to various languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 6 patients as carers (0.1% of the practice list). We were told that most of the patients registered at the practice were students from a local university and people working in the city centre and therefore had small number of carers registered at the practice. However, we saw carers packs were available and information in the practice was also available to direct carers to the various avenues of support available to them. Staff members we spoke with told us that if patients were had complex medical conditions they were always asked if they had carers encouraged those identified as carers to register with the practice.

Staff told us that if families had suffered bereavement, families were contacted by the GPs and offered a consultation for advice and support.

A staff member employed by Birmingham Healthy Minds held clinics twice weekly and patients were seen through a referral process by their GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was taking part on the CCG Primary Care Commissioning Framework (PCCF) to improve patient care and quality.

- As part of the PCCF the practice offered Saturday and Sunday opening hours from 10am to 2pm with both nurses and GPs.
- There were longer appointments available for patients with a learning disability and those with long term conditions such as asthma and diabetes.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. However, due to the patient population the practice told us that they had received only one request for a home visit in the last four months.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. A duty doctor was available to ensure any emergencies were seen. The duty doctor also carried out telephone consultation where appropriate.
- Patients could use on-line access to book appointments directly with the GP of their choice and access their own medical records.
- The practice used text message appointment reminders. If patient no longer need the appointment they could respond to the message reminder to cancel their appointment. This prevented them having to try to call the surgery to cancel or rearrange appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was an approved yellow fever vaccination centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was located on the lower ground floor of a high street chemist and a lift was available for patients who used a wheelchair.
- Due to the location of the practice some refugees and homeless patients were registered with the service. Staff were aware of the process for registering these patients.

- Staff also told us that they also supported parents of children from the nearby children's hospital by temporarily registering them at the practice. This was particularly useful for those patients who lived outside of the city.
- The practice population was diverse with majority of patients from a local university. We were told that 17% of the practice population were Chinese students and the practice had delivered talks at the university to international students. The talks were aimed at informing these students of the NHS as they may not have been familiar with the system and to encourage them to register with a GP.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with the GPs were available from 9am to 12pm every morning and 2pm to 6pm (although there were slight variations in the afternoon appointments depending on the specific GP). We were told that GPs were required to work shifts to cover extended hours during the week and at weekends. Appointments with the nurses were available from 8.30am to 11.30am in the mornings and in the afternoon from 12.30pm to 4.30pm.

The practice offered extended hours appointments on Saturdays and Sundays from 10am to 2pm. Appointments with the GPs were available from 12pm to 2pm and nurses from 10am to 2pm.

The practice offered a mix of pre-bookable and on the day appointments. The practice had a duty GP system and they ensured all emergency patients were seen. They also offered a telephone consultation to determine if a patient required urgent medical attention. Home visits were also available.

Results from the national GP patient survey showed that patients satisfaction with how they could access care and treatment was mixed in comparison to local and national averages. Also, the response rate was 10% representing 0.3% of the practice population.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.

Patients rated the practice lower compared to CCG and national averages for opening hours. The practice was open on Saturdays and Sundays from 10am to 2pm. We

Are services responsive to people's needs?

(for example, to feedback?)

were told that the practice was unable to offer extended opening hours on weekdays as the practice was located in a high street chemist that closed at 6.30pm. The chemist managed the building and the practice building could not be kept open after the chemist closed. However, the practice had produced a business plan detailing areas for further improvement and development of the service. One of these areas related to increasing the opening hours on weekdays and was exploring the possibility of opening at 7.30am. We were told that negotiations were ongoing with the chemist that managed the building.

Results from the national GP patient survey also showed;

- 61% of patients stated they found it easy to get through to this surgery by phone compared to the CCG average of 60% and the national average of 73%.
- 34% of patients stated that usually were able to see or speak to their preferred GP compared to the CCG average of 45% and the national average of 59%.
- 42% of patients described their experience of making an appointment as good compared to the CCG average of 62% and the national average of 73%.
- 62% of patients stated the last appointment they got was convenient compared to the CCG average of 67% and the national average of 92%.
- 73% of patients stated they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.

We spoke with the practice management team regarding the national patient survey but they told us that they were unaware of the of the practice achievement and in particular the areas identified above as needing further improvement. However, where the practice was made aware that improvements were required action was not taken. For example, the practice regularly received information from the telephone provider that maximum call parameters had been reached. The practice business manager explained that this was when people were waiting for calls to be answered. This was also reflected in the above GP patient survey results where the practice achievement was below local and national averages for telephone access. However, the practice had not taken any action.

Furthermore, staff members we spoke with commented that they had experienced extra pressures due to absence of some staff members who were on long term leave. We observed that there were generally one staff member on reception duty which made it difficult to adequately meet the needs of all patients especially as they needed to answer telephone calls and queries from patients at the reception desk. We were told that there were normally two staff members on reception. We did not see any plans to address this on the day of the inspection.

We spoke with two patients including a member of the PPG. One of the patients told us that they were able to get an appointment but struggled to see a GP of their choice. We were told that GPs were required to work shifts to cover extended hours during the week and at weekends and this was advertised on the practice website.

The practice had carried out some monitoring for example; a patient survey had been carried out recently and was being analysed. However, the results were currently being analysed. The practice had also carried out an analysis of the friends and family test from February 2016 to December 2016. Results showed that most patients were extremely likely or likely to recommend the practice to their friends and family.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received 11 complaints over the last 12 months. The practice had carried out annual complaints analysis to detect trends and themes. We saw that three themes for example, communication (with patients) as well as GP administration were identified as areas for improvement and action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement displayed in the waiting area. Staff members we spoke with were generally aware and understood the values.

The practice vision detailed 11 aims and objectives which included joining a new innovative hub with three neighbouring practices in order to provide a range of services to patients. To achieve its vision the practice developed a strategy and supporting business plan. The practice held an away day in May 2016 where updates to the plan were discussed with staff. They included expansion of the practice as well as exploring earlier opening from 7.30am. Other improvement plans included offering a telephone triage service, skype appointments as well as improving communication within the practice. We saw that some of the improvement plans had been actioned as they were now operational. For example, actions included offering telephone triage and for an administration staff member to attend weekly clinical meetings and feedback to administration colleagues. However, the plan was dated 2015 and had not been updated despite being reviewed and discussed on the away day in 2016. Following the inspection the practice submitted evidence that this had been updated.

The current lease for the building was until 2018 and the practice was looking to expand. As a result the practice was looking to relocate to the first floor of the existing building which would allow opportunity for expansion of the services. We were told that negotiations were currently ongoing involving NHS England and the landlords of the building. The medical director/registered manager was away on the day of the inspection and we were unable to confirm progress in regards to this.

Governance arrangements

There was a governance framework to support the delivery of good quality care. However, the governance process needed further strengthening. For example, we were told that the practice used QOF achievement as a way of monitoring patient outcomes. The GPs were given responsibilities for different areas of QOF and management staff monitored performance. The practice QOF

achievement overall was below local and national averages. Furthermore, the practice exception reporting was above local and national averages. Clinical staff and management staff we spoke with were unaware of the QOF achievement and high exception reporting. Consequently there were no systems in place to review and make improvements. Similarly, the practice achievement for childhood vaccination was also below local and national averages.

Where the practice had been informed of areas requiring further improvement there were no systems in place to ensure action was taken. For example, the practice regularly received information from the telephone provider that maximum call parameters had been reached. The practice business manager explained that this was when people were waiting for calls to be answered. However, the practice could not demonstrate a system to review and action to assess, monitor and improve the quality and safety of the service.

We found blank prescription forms and pads were securely stored in the practice. However, we saw that three loose leaf blank prescription sheets that were pre-signed by the medical director in the locked cupboard. This did not demonstrate an effective system to appropriately monitor and manage prescription forms as staff members were unaware that they had been pre-signed and the for what purpose.

We reviewed four personnel files and found some information was missing. For example, we looked at a personnel file of a nurse and were unable to see evidence that the practice had confirmed their proof of identity including a recent photograph. The practice had not confirmed the current registration of a nurse with their professional body. This did not demonstrate an adequate system of governance to monitor and improve practice.

Other areas where governance arrangements were ineffective were in regards to the system to ensure that patient specific directions (PSDs) were in place to authorise the health care assistant to administer specific vaccinations. We noted that the process required review as the practice could not demonstrate a system to ensure review of individual patients by the prescribing GP prior to administration of vaccines (by a healthcare assistant). After the inspection nursing staff members assured us that they had amend their PSD system to ensure a more effective

Are services well-led?

Requires improvement 

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

process was in place. This was scheduled for discussion and dissemination during the next team meeting. The practice also forwarded a new template they would now be using.

Leadership and culture

There was a leadership structure in place with the registered manager/ medical director as the lead GP. They were supported by a team of four salaried GPs, a GP registrar and a trainee doctor in their second year after graduation. There was a team of three nurses and two healthcare assistants. There was an administration team with a business practice manager and a deputy manager.

We spoke with seven members of staff during our inspection, all staff spoke positively about working at the practice. However, clinical staff we spoke with commented that there was a lack of administrative support as some staff members were away on long term leave. Administration staff including reception team members told us that this had put extra pressure on them to meet the demands of patients. We were told that there were usually two staff members on reception duty but on the day we saw there was generally one staff member. We observed that this made it difficult to adequately meet the needs of all patients especially as they needed to answer telephone calls and queries from patients at the reception desk.

The business practice manager told us that they were aware improvements were required in some areas such as administration support. They told us that they had advertised at a local university for a temporary staff member but had not received any response.

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

The practice was rated below average for some aspects of care such as the satisfaction scores for nurses and patients experience of making an appointment. The practice was not proactive in monitoring areas for improvement. For example, management staff were unaware of the lower satisfaction scores and no analysis had been carried out to assess the results from the national GP patient survey in view to addressing any areas for improvement.

The practice had gathered feedback from patients through the patient participation group (PPG) which met regularly. Minutes of meeting we looked at showed that the practice listened to concerns of the PPG and actioned these where appropriate. We spoke with one member of the PPG who told us that the practice had acquired a patient call system as a result of their feedback.

Management staff also told us that they had acted on other concerns such as those raised by patients on the NHS choices website. We saw some of the previous comments from patients had been responded to ensure quality service.

We saw that the practice had recently carried out a patient survey to improve performance. However, the results were currently being analysed.

The practice had also carried out the Friends and Family Test (FFT) which could be completed in person at the practice or online through the website. Reviews of the last three months we looked at showed that most patients would recommend the practice to friends and family.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users for example;</p> <ul style="list-style-type: none">• Ensure the health, safety and welfare of the service users through effective and timely care planning.• Doing all that is reasonably practicable to mitigate risks by ensuring appropriate staffing levels.• Ensure the proper and safe management of medicines. <p>This was in breach of regulation 12 (1) (b) (g) (l)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice governance processes were not adequate to effectively to assess, assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of serviceusers in receiving those services).</p> <p>This was in breach of regulation 17 (1) (a) (b) (f)</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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