Dr Mark Stevens

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mark Stevens on 1 December 2015 to check that the practice was meeting regulations. Overall the practice is rated as inadequate.

Our previous comprehensive inspection carried out in March 2015 found breaches of legal requirements (regulations) relating to the safe, effective and well led domains; and improvements were required for the responsive domain. In addition, all population groups were rated as inadequate due to the concerns found in safe, effective and well led. The overall rating from the March 2015 inspection was inadequate and the practice was placed into special measures for six months.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements. The inspection carried out on 1 December 2015 found the practice had not made sufficient improvements to comply with three of the regulations they were previously in breach of. These related to safe care and treatment, good governance and fit and proper persons employed.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report significant events.
- Improvements had been made to the assessment of risks relating to the health, welfare and safety of patients.
- However, patients were still at risk of harm because effective systems were not in place to ensure identified risks were sufficiently mitigated and their management was embedded. For example: medicines management; risks relating to the environment and service delivery; carrying out of appropriate disclosure and barring checks for all staff undertaking chaperone duties and students working with vulnerable adults and children

Summary of findings

- Clinical staff did not always assess patients' needs and deliver effective care in line with current evidence based guidance. For example, 56% of medical records we reviewed did not contain an accurate, complete and contemporaneous record in respect of each patient's consultation. This included a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Nationally reported data showed most patient outcomes were below the local and national averages.
- Improvements had been made to ensure patients were invited for appropriate health reviews and screening programmes.

- Staff were supported with training, supervision and professional development.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with same day appointments available for both urgent and routine appointments.
- The practice did not offer online services to patients of working age, students and those recently retired; and the practice website contained very limited and up to date information on available services.
- The practice had sought feedback from patients and had an active patient participation group (PPG).
- Limited improvements had been made to ensure sufficient clinical leadership and regular review of governance arrangements.

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

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way. Specifically, operate an effective system that regularly identifies, assesses and manages risks to patient safety; as well as monitors the quality of services provided.
- Ensure an accurate and contemporaneous record is kept for each patient, with sufficient information in relation to their assessment of needs, planning and delivery of care.
- Ensure records relating to the management of the service and related policies and procedures are appropriate, kept up to date, shared with relevant staff and implemented in practice.
- Take action to address identified concerns related to medicines management (recording, prescription handling and patient reviews).
- Ensure chaperones are subject to a disclosure and barring check or that a risk assessment is in place to address this issue.
- Ensure all clinicians are kept up to date with national guidelines and effective systems are in place for the provider to be assured these are implemented. This is important to ensure patients receive appropriate care and health reviews.
- Ensure effective governance, including assurance and auditing processes that drive improvement in the quality and safety of the services provided. This includes both clinical and non-clinical governance arrangements.

The areas where the provider should make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Continue to pro-actively identify and support carers.
- Ensure arrangements for receiving and acting on complaints are strengthened.

This service was placed in special measures in June 2015. Insufficient improvements have been made such that there remains an overall rating of inadequate. We took urgent enforcement action and served an Urgent Notice of decision imposing additional conditions on the service provider's registration in respect of the regulated activities carried out from this location. The below conditions took effect from 7 December 2015 and will remain in force until removed by the Care Quality Commission (the CQC).

Summary of findings

1. New patient registration – Dr Mark Stevens must not register any further patients without the prior written agreement of the Care Quality Commission.

   This is to enable the service provider to focus on securing and sustaining improvements and compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014). Further, this condition will protect any further patients from any risks to their health and welfare.

2. Completion of electronic patient records following consultation - Accurate contemporaneous notes of all patient consultations carried out at the practice must be recorded immediately on patients' electronic records going forward.

   The inspection found that accurate patient records were not routinely being completed following consultation. This will ensure that necessary and appropriate information is recorded against each patient when they have had a clinical consultation including the outcome of the consultation. This reduces the risk that patients receive inappropriate treatment due to the lack of recording.

3. D. Mark Stevens must send to the CQC each month an independent report providing assurance that condition 2 has been met.

This is to provide confidence to the CQC that patient records are being adequately and appropriately recorded.

We are also taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to further urgent enforcement action. Another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

We found some improvements had been made following our April 2015 inspection. This included: having a system in place for reporting, recording and discussing significant events with staff; ensuring sufficient staff were employed and that appropriate recruitment checks were undertaken for most staff as well as minimising most risks related to infection control.

However, patients were still at risk of harm because systems and processes were not fully implemented and / or operated in a way to keep them safe. Specifically, the lack of contemporaneous notes in patient records we looked at, medicines management, assessment and monitoring of risks and the carrying out of disclosure and barring checks for staff undertaking chaperoning duties, and working with vulnerable adults and children.

Overall we could not be assured of the practice's safe track record given:

- the inspection history dating back to 14 January 2014
- repeated breaches of regulations, specifically Regulation 17:Safe care and treatment
- the practice had made insufficient improvements within the six months of being placed in special measures and
- concerns identified during this inspection.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

Our findings demonstrated that improvements had not been made and / or embedded to ensure the care and welfare of patients following our April 2015 inspection. Specifically, there were insufficient assurances to demonstrate all patients received effective care and treatment. For example:

- Most of the patient records we reviewed showed care and treatment was not delivered in line with recognised professional standards and guidelines.
- The use of national guidelines to deliver care was inconsistent and regular reviews had not always been undertaken.
- Nationally reported data showed the practice performed below local and national averages for most clinical areas assessed.

Summary of findings

- Childhood immunisation rates were mostly below the local average for 2014-2015.

Improvements made included:

- Staff being supported with induction and training to ensure they had the skills, knowledge and experience to deliver good care.
- Clinical meetings were held as part of clinical staff supervision and to discuss vulnerable patients and plan their care.
- Strengthening the recall system for inviting patients with long term conditions for health reviews and health screening programmes; although this was still work in progress.
- Coordination of patient information; although the system for secondary care referrals needed to be strengthened to ensure referrals were undertaken timely.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national patient survey showed that patients rated the practice higher than others for almost all aspects of care. For example, 95% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local average of 84% and national average of 85%.
- Patient feedback was consistently and strongly positive about their care they had received; and this was a strong feature of the practice. Patients gave specific examples which demonstrated the GP was motivated and inspired to offer kind and compassionate care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients and carers about the services available was easy to understand and accessible. The practice initially reported there were seven patients listed as carers. However, subsequent to our inspection, the practice confirmed 57 patients were listed as carers.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services and improvements should be made.

Summary of findings

- Data showed patients were offered good access to the practice although long waiting times were experienced in the morning. This was a resulting feature of the open access appointment system in use and patients were aware of this.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent and routine appointments available the same day.

The practice had reviewed the needs of its local population and put in place a plan to secure improvements for most of the areas identified. Staff had been supported by local practice managers and external business consultants when the practice was placed into special measures.

However, some identified improvements had not been completed. For example, the practice did not offer any online services to enable patients to book appointments, request repeat prescriptions and view their summary care record. Improvements were required to the systems in place for managing and learning from complaints.

Are services well-led?

Inadequate

e practice is rated as inadequate for being well-led and improvements must be made.

- The practice had a vision and a strategy in place but limited improvements had been secured. For example, the clinical governance lead had not ensured that effective assurance and auditing systems were in place to drive improvements.
- Succession planning arrangements were limited. This impacted on the leadership's ability to effectively assess and review the quality and safety of their performance and risks affecting the service.
- The practice had a number of policies and procedures to govern activity but not all procedures were in line with best practice guidance and up to date.
- Arrangements for identifying, recording and managing risks were not sufficiently robust to mitigate risks to patients.
- The practice sought feedback from patients and had an active patient participation group (PPG).
- There was a clear leadership structure and most staff felt supported by management.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- Nationally reported data showed that outcomes for conditions commonly found in older people were poor.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the national averages.
- Longer appointments and home visits were available for older people when needed.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- Records reviewed showed care and treatment of people with long term conditions did not always reflect current evidence-based practice.
- All these patients had a named GP; however a structured annual review to check that their health and medicines needs were being met had not always been carried out in a timely manner.
- Nationally reported data showed most patient outcomes were above local and national averages; with lower values achieved for diabetic care and peripheral arterial disease.
- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk of abuse or deteriorating health.
- Immunisation rates were below the CCG and national averages for most standard childhood immunisations in 2014/15. However, improvements were being made to address this and to increase the uptake of immunisations in 2015/16.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group. For example,

- the practice was not proactive in offering online services and the practice website contained very limited and up to date information.
- Appointments could only be booked by telephone or in person and there were no early or extended opening hours for working people. However, patients were guaranteed a same day appointment if they contacted the practice by 11.15am.
- Although cancer screening rates were mostly in line with CCG and national averages; there was a low uptake for health checks and health screening programmes relevant for this group.

People whose circumstances may make them vulnerable

Inadequate

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

as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- The practice held a register of patients with a learning disability and carried out annual health checks for people with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary 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.

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- Nationally reported data showed the practice performed significantly below local and national averages for mental health and depression. For example, 58.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan documented in the record, in the preceding 12 months, compared to a CCG average of 83.6% and 88.3%.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

- Better outcomes were achieved for patients with dementia with 80% of patients having had a face-to-face review in the preceding 12 months compared to a CCG average of 83.9% and national average of 84%.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. 396 survey forms were distributed and 119 were returned. This was a response rate of 30%.

The results showed the practice was performing above the clinical commissioning group (CCG) and national averages in relation to: consultations with the GP and nurses, patient involvement in decisions about care; and access to appointments.

The practice survey results showed the practice performed best in the following areas:

- 93% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 80% and national average of 81%.
- 93% found the receptionists at this surgery helpful compared to a CCG average and national average of 87%.
- 92% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 90% said the last appointment they got was convenient to them compared to a CCG average of 92%, and national average of 92%.
- 89% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 59% and national average of 60%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average or 83%, and a national average of 85%.
- 72% described their experience of making an appointment as good compared to a CCG and national average of 73%.

The results showed patients were less satisfied with the waiting times for the appointments; and this was a resulting feature of the open access appointment system for patients who wanted a same day appointment.

- 17% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 62%, and national average of 65%.
- 33% feel they don't normally have to wait too long to be seen compared to a CCG average of 53%, and national average of 58%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all very positive about the standard of care received, access to appointments and staff were reported as being caring and friendly.

We spoke with eight patients during the inspection. All patients said that they were happy with the care they had received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way. Specifically, operate an effective system that regularly identifies, assesses and manages risks to patient safety; as well as monitors the quality of services provided.
- Ensure an accurate and contemporaneous record is kept for each patient, with sufficient information in relation to their assessment of needs, planning and delivery of care.
- Ensure records relating to the management of the service and related policies and procedures are appropriate, kept up to date, shared with relevant staff and implemented in practice.
- Take action to address identified concerns related to medicines management (recording, prescription handling and patient reviews).
- Ensure chaperones are subject to a disclosure and barring check or that a risk assessment is in place to address this issue.

Summary of findings

- Ensure all clinicians are kept up to date with national guidelines and effective systems are in place for the provider to be assured these are implemented. This is important to ensure patients receive appropriate care and health reviews.
- Ensure effective governance, including assurance and auditing processes that drive improvement in the quality and safety of the services provided. This includes both clinical and non-clinical governance arrangements.

Action the service SHOULD take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Continue to pro-actively identify and support carers.
- Ensure arrangements for receiving and acting on complaints are strengthened.

Dr Mark Stevens

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 advisor, a practice nurse specialist advisor and an Expert by Experience.

Background to Dr Mark Stevens

Dr Mark Stevens is a single handed GP providing primary medical services to approximately 2 320 patients in the Mapperley park and St Anns area. The practice's patient list is currently closed for a period of one year as agreed by the Nottingham City clinical commissioning group and as an imposed condition by the Care Quality Commission. This is to enable the provider to focus on improving the service.

The practice is located at Mapperley Park Medical Centre, Malvern House, 41 Mapperley Park Road, Nottingham, NG3 5AQ. It is open between 8.30am and 6.30pm and appointments are available within these times. It has opted out of providing out-of-hours care to patients. Out-of-hours care is provided by Nottingham Emergency Medical Service (NEMS) through the 111 number.

The GP (male) is supported by a female practice nurse who works 30 hours a week. Locum GPs are used to cover the primary GP in their absence. The non-clinical team includes a co-proprietor (psychologist), full-time practice manager, accounts assistant and four part-time reception / administrative staff.

Dr Mark Stevens is a teaching practice for undergraduate medical students. There were no students on placement at the time of our inspection.

The practice holds a General Medical Services (GMS) contract for the delivery of general medical services. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury. The practice has been inspected on the following dates:

- 14 January 2014, 14 August 2014 and 10 November 2014 based on the former inspection methodology which focused on specific outcomes.
- 13 and 14 March 2015 under the new comprehensive programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.

Why we carried out this inspection

We inspected this service to check that improvements had been made after it had been placed in special measures for a period of six months. Our previous inspection was undertaken on 13 and 14 March 2015.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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.

We carried out an announced visit on 1 December 2015. During our visit we:

- Spoke with a range of staff including the GP, practice nurse, practice manager and two reception staff.
- We spoke with eight patients who used the service including members of the patient participation group.
- We observed how people were being cared for and reviewed a total of 32 patient records to check if improvements had been made and to corroborate our evidence.
- We reviewed five comment cards and a sample of family and friends test results where patients and shared their views and experiences of the service.

Staff were supported by a representative from the Local Medical Committee (LMC) during this inspection. They were present during some interviews with staff consent.

Inadequate

Are services safe?

Our findings

Safe track record and learning

We found improvements had been made to ensure the practice had a system in place for reporting and recording significant events and patient safety alerts. For example:

- An up to date significant event policy and procedure was in place. This had been shared with staff to ensure they were aware of their roles and responsibilities to report and record concerns. Staff told us they would inform the practice manager or GP of any incidents and a recording form was available on the practice's computer system.
- Fifteen significant events and alerts had been recorded since our April 2015 inspection. Records reviewed showed most of these events had been investigated and discussed with staff; and staff not present had read and signed to confirm reading the meeting minutes.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Historical significant events were yet to be discussed and this had been planned for a future meeting date.
- Significant events were a standing item on the practice meeting agenda and staff felt improvements had been made to promote openness and transparency about safety; although some outcomes were not always agreed with the GP.

The practice manager received and disseminated national patient safety alerts and alerts from the medicines and health products regulatory agency (MHRA) to relevant staff to action as appropriate.

Overview of safety systems and processes

The practice did not have effective systems and processes in place to keep people safe and safeguarded from abuse although some improvements had been made. For example:

Safeguarding vulnerable adults and children from abuse

- The practice had updated its policies to reflect relevant legislation and local requirements. These had been shared with staff including the external agencies they could contact if they had concerns about a patient's welfare. Contact details were accessible from the practice's computer system.
- Staff we spoke with demonstrated they understood their responsibilities to safeguard patients and all had received training relevant to their role. The GP was the safeguarding lead and they had trained to level three for safeguarding children.
- The GP had audited the use of domestic violence and safeguarding codes within the practice. The identified vulnerable adults and families were all known to children's social care services and their care was under review. We noted that consultation notes for a specific day had not been documented in the medical record of one child who had a safeguarding alert recorded on their clinical record.
- Non-clinical staff who acted as chaperones had received relevant training for their role and understood their roles and responsibilities. However, we found the provider had not ensured that an appropriate disclosure and barring services check (DBS check) or risk assessment had been carried out for all chaperoning staff. 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 discussed this with the new practice manager and GP who told us they would address this after our inspection and the relevant staff would not undertake chaperone duties until a DBS / risk assessment had been undertaken. We had raised this previously with the provider.
- Additionally, we found no documentary evidence to confirm the provider had received written assurance that university students providing one to one psychotherapy sessions to patients were suitable to work with vulnerable adults.

Medicines management

Arrangements for obtaining, handling and storing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. For example,

- Processes were in place to check medicines were within their expiry date and suitable for use.

- The practice nurse was trained to administer medicines referred to in the Patient Group Directions and in line with legislation.
- Prescription pads were securely stored and there were systems in place to monitor their use; although the GP told us they shredded any unused prescriptions rather than signing in the individual pads they no longer required.

However, improvements were still required to the prescribing, recording and review of patients' medicines. Specifically, the practice's repeat prescribing policy which was reviewed in October 2015 was not appropriate and reflective of activities undertaken within the practice. Additionally, this had not been discussed with non-clinical staff to ensure they were aware of their roles and responsibilities. For example:

- The policy stated prescriptions which had not been collected within three months should be shredded with a note made in the patient's record. It made no reference to the need for a GP to review the patient's health needs to determine whether the medicines were no longer required and whether it was therefore appropriate to shred the prescriptions.
- Staff we spoke with and records reviewed showed patients who did not pick up repeat prescriptions were contacted by phone and this was documented for the GP to action. Staff told us they were not informed of the follow up action taken therefore there was no clear record to show what clinical decisions had been made and why.
- Collected prescriptions were not always recorded on the patient record or signed for by the patient or their representatives.

We also found the provider had not ensured that robust systems were in place to record and / or undertake appropriate medicine reviews for patients. A requirement notice was issued following failings identified at the practice's March 2015 inspection. At this inspection, we found 12 out of 32 patient records showed medication reviews for patients were not always recorded and managed effectively. For example:

- controlled drugs were not always linked to the specific health diagnosis they were prescribed to treat in two patient records we reviewed. Furthermore, no medicines review date had been recorded for one patient's repeat medications. When this was highlighted to the GP they addressed it immediately. However, we could not be assured that a robust process was in place for the timely monitoring and review of patients' medicines.
- We also found on specific dates that consultation notes had not been documented for four patients on high risk drugs or those requiring regular monitoring. Repeat medicines had been issued at a later date without review or identifying that previous consultation notes had not been documented.

This was in conflict with assurances given to us by the GP that a regular review of patients' medicines was undertaken and that appropriate action had been taken to address any issues.

Cleanliness and infection control

Improvements made following our March 2015 inspection included the following;

- An up to date infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection.
- All staff had received training on infection control training and effective hand washing.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The nurse was scheduled to attend refresher training on 10 December 2015.
- An infection control audit had been undertaken and we saw evidence of the action taken to address any improvements identified as a result. This included documenting the cleaning of the fridge and having a contingency plan in place should the vaccine fridge fail.

Patients we spoke with told us the premises were visibly clean and tidy when they attended; and this was our observation on the inspection day. We however noted that the practice meeting minutes for September 2015 showed staff had concerns about the cleaners standards of cleanliness and no follow-up action had been documented to demonstrate this had been raised with the cleaner or of any action taken to address the issues of concern.

Inadequate

Are services safe?

We found the provider had not addressed the concerns we identified at the March 2015 inspection in respect of the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). For example, we found:

- a risk assessment had not been completed to identify and assess any risks in the practice's water system.
- an absence of a policy and procedure to guide staff and the responsible person in their day-to-day responsibility for managing the control of risks from legionella bacteria.
- Records reviewed showed the GP (responsible person) had documented the outcome of the water checks since November 2015. We were however concerned they were not suitably informed and trained to assess, review and ensure control measures were being implemented in a timely and effective manner.

Equipment

Records reviewed confirmed portable electrical equipment had been tested. We found the electrocardiogram (an ECG is used to record electrical activity of a patient's heart) had been tested following our inspection, but an equipment register was still not in place to ensure that all equipment was properly tested for safety and effectiveness

We saw evidence of calibration of clinical equipment; for example weighing scales and blood pressure measuring devices.

Staffing and recruitment

The practice had been supported by a team of local practice managers and external consultants to: carry out a needs analysis as basis for deciding sufficient staffing levels; define an organisational structure and recruit suitably qualified and skilled staff.

We found additional staff had been employed following our previous inspection and this included:

- a new practice manager with experience in primary medical services. They were contracted for 30 hours a week and supported by an accounts assistant who worked eight hours a week.
- an experienced practice nurse contracted for 30 hours a week.
- Three part time administrative/reception staff had also been employed which meant a total of four staff members.

Staff told us there was enough staff to maintain the smooth running of the practice and to keep patients safe. The practice manager showed us records to demonstrate arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty.

Following our inspection the practice made use of locum GPs for up to three sessions a week to increase the number of GP sessions for patients. However, this arrangement had not been sustained since August 2015 and plans to have a salaried GP or GP partner. We found locum GPs were used to cover the primary GP's absence / leave. However, nine different locums had been contracted in the last two months and this arrangement did not offer continuity of care for patients.

We reviewed eleven personnel files including those for six locum GPs. We found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the General Medical Council and Nursing Midwifery Council and DBS checks. Following our inspection, the practice manager provided written assurances that satisfactory health checks / questionnaires would be completed for all staff.

We however found no documentary evidence to confirm that appropriate recruitment checks had been undertaken for the staff employed by the practice to undertake cleaning duties. We were concerned because their role involved accessing areas where confidential patient information is stored whilst undertaking their work. We also found no references had been obtained for two staff members and a DBS check was in progress for a locum GP even though they were already undertaking cover shifts at the practice.

Monitoring risks to patients

Most risks to patients had been assessed but effective systems were not in place to ensure risks were sufficiently mitigated and their management was embedded.

Improvements made included:

Inadequate

Are services safe?

- A health and safety risk assessment was undertaken on 16 September 2015 and this was reviewed monthly.
- Staff had received health and safety training; and had access to relevant procedures to inform their roles.
- A building risk assessment was undertaken on 16 October 2015. Records reviewed showed monthly checks were carried out to ensure the premises were safe for use.
- The fire alarm was tested weekly and staff had received fire safety training. Staff and patients had been safely evacuated following a fire alarm having been triggered a week before our inspection.
- Interviews with staff showed they were able to identify and respond to changing risks to patients, including deteriorating health or medical emergencies.

Improvements still required included:

- A fire risk assessment had been completed by an external company in July 2015. However most of the identified fire safety deficiencies had not been addressed in spite of some of them being prioritised as high and September 2015 being recorded as the recommended date for completion. For example, replacing the defective fire alarm control panel, providing additional smoke detector, adjusting self-closing devices as necessary and commencing monthly checks of all fire resisting doors.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button in the reception area and an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received training on basic life support and the use of an automated external defibrillator (AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).
- The practice had oxygen and a defibrillator available on the premises. A risk assessment was in place for the lack of paediatric defibrillation pads. The provider was of the view that the likelihood of a child under the age of eight suffering from or having a cardiac arrest was minimal.
- 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 fit for use.
- 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.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We found the provider did not always maintain appropriate medical records in respect of the care, treatment and / or support given to some patients at our previous inspections and we had taken enforcement action in relation to this area. Due to these concerns, we reviewed 32 patient records to check if improvements had been made to protect patients against the risks of unsafe or inappropriate care and treatment.

Eighteen out of 32 patient records we reviewed showed that people's care and treatment did not reflect current evidence-based guidance including guidelines from the National Institute for Health and Care Excellence (NICE). For example:

- The GPs had not maintained any form of records in respect of consultations held with nine patients they had seen between 1 June and 26 November 2015. This meant we could not ascertain the care and treatment provided to each patient and the decisions taken in relation to the care and treatment provided.
- The GPs had not maintained complete and contemporaneous records for an additional nine patients to evidence that an adequate assessment of each patient's condition had been undertaken. We found information relating to the examination undertaken, working diagnosis, and clinical impression and / or medication review dates were not recorded.

This evidence demonstrated that improvements had not been made following inspections undertaken on 14 August 2014 and 13 and 14 March 2015 in spite of :

- the provider being placed into special measures for six months to enable them to make sufficient improvements
- enforcement action taken by the CQC in respect of non-compliance compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2010); specifically Regulation 12:Safe care and treatment and Regulation 17: Good governance
- the provider's assurances that an action plan had been put in place to ensure all GPs would carry out appropriate assessments and record in each patient's record the outcome of the clinical consultation.

As a result of the above concerns, we have imposed urgent conditions on the provider's registration to protect patients from any further risks to their health and welfare and this will be reviewed by an independent clinician regularly.

The practice nurse we spoke with had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For example, management of long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases).

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 2014/15 published results showed the practice had achieved 81.8% of the total number of available points compared to the clinical commissioning group (CCG) average of 91.4% and national average of 93.5%. The overall clinical exception rate was 5.9% and this was broadly similar to the CCG average of 8.9% and national average of 9.2%. 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 had achieved maximum points for clinical areas such as dementia, cancer and palliative care. However, performance was below the CCG and national averages for 11 out of 19 clinical domains. For example,

- 60% of patients with rheumatoid arthritis had a face-to-face annual review in the preceding 12 months compared to the CCG average of 89.8% and national average of 91%.
- Performance for osteoporosis related indicators was 66.7% compared to the CCG average of 77.8% and national average of 81.4%. The exception reporting rate was 0% for two of the related indicators and this was below the CCG and national averages.

Inadequate

Are services effective?

(for example, treatment is effective)

- Performance for mental health related indicators was 50% compared to the CCG average of 77.8% and national average of 81.4%. In addition, the exception reporting rate was above the CCG and national averages for three of the six mental health related indicators.
- Performance for diabetes related indicators was 67.4% compared to the CCG average of 79.1% and national average of 89.2%. In addition, the exception reporting rate was above the CCG and national averages for two of the ten diabetes related indicators.
- Performance for depression related indicators was 60% compared to the CCG average of 87.5% and national average of 92.3%. The exception reporting rate was 0% and this was below the CCG average of 29.8% and national average of 24.5%.

We also reviewed the practice supplied QOF data for the period 01 April 2015 to 31 November 2016 and noted improvements were being made to address some areas of poor performance. For example, diabetic care was discussed in clinical meetings and the practice nurse had a key role in scheduling clinical reviews and the chronic disease management for patients. The practice nurse was keen to improve the service for patients and acknowledged this was still work in progress.

Clinical audits demonstrated improvement.

- The GP had undertaken a full cycle clinical audit regarding thyroxine replacement therapy. Identified improvements were implemented and monitored.
- Additional audits had also been undertaken on the effectiveness of aspirin on stroke prevention in patients with atrial fibrillation and patients on fentanyl patches. These two audits were incomplete.

Effective staffing

Improvements had been made to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment. For example:

- The practice had implemented a clear and defined programme for staff induction and training. All the staff had received training in areas such as information governance, cardio pulmonary resuscitation, safeguarding vulnerable adults and children, infection control and health and safety. Staff had access to and made use of e-learning training modules and in-house training.
- The induction process for staff required strengthening to ensure that all staff were supported with key training such as infection and control.
- The new practice manager told us she was in process of reviewing and implementing the framework for formal supervision and appraisal as her priority was to ensure that staff had received essential training to undertake their roles. Staff we spoke with felt very much supported with the additional training provided and confirmed being able to discuss their learning needs with the practice manager.
- Performance reviews had been taken to manage staff that needed extra support in undertaking their role.
- The practice could demonstrate how they ensured role-specific training for the practice nurse and practice manager. For example, the practice manager had been supported within their role by three local practice managers and external consultants specialising in human resources and business management.
- The practice had an induction program for locum GPs that covered clinical aspects of their work.

Coordinating patient care and information sharing

We found some improvements had been made to ensure the practice had an effective system to provide staff with the information they needed to plan and deliver care and treatment. For example,

- the practice nurse, midwife and health visitor now had full access to the different patient record systems to enable them to coordinate, document and manage patients' care.
- We found no backlog in the processing of patient information. All incoming post was logged, scanned and reviewed by a clinician the same day. However a few records reviewed and staff feedback showed minor delays in the letters being returned to non-clinical staff to enable them to progress the agreed follow-up action. This included referring patients to other services. Records showed some patients had reported delays in referrals being sent to hospitals and therefore had to follow-up with the practice.
- Monthly audits were undertaken to review summarised records received for new patients.

Inadequate

Are services effective?

(for example, treatment is effective)

However, significant improvements were still required to ensure the provider undertook regular audits to assess the completeness of patient records. We had raised this with the provider on all of our previous inspections.

Staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to plan ongoing care and treatment. This included patients at high risk of hospital admission, people moved between services, discharged from hospital and patients receiving end of life care. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meetings were attended by the GP, practice manager, care coordinator, community matron district nurse and a social worker on some occasions.

Consent to care and treatment

All clinical staff demonstrated a clear understanding of the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005, the Children Acts 1989 and 2004, Gillick competency test and their duties in fulfilling it. The Gillick competency test are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

However, the lack of contemporaneous records for most of the patient records we looked at did not assure us that patients' consent to care and treatment was always sought and / or recorded in line with legislation and guidance. We took urgent action to ensure that a contemporaneous record was made of all consultations.

Non-clinical staff we spoke with understood the process for seeking consent including relevant guidance about sharing patient information, confidentiality and data protection.

Health promotion and prevention

The 2014/15 Public Health England domain indicators showed some patients did not always have access to health assessments and checks. For example,

- the practice achieved 0% for performance indicators related to cardiovascular disease primary prevention compared to the CCG average of 81.2% and national average of 87.9%.
- 52.3% of patients aged 15 or over recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months; compared to the CCG average of 76.2% and national average of 86.7%.
- Performance for peripheral arterial disease related indicators was 33.3% compared to the CCG average of 94.9% and a national average of 96.7 %. Specifically, the monitoring of these patients' blood pressure had not been undertaken regularly to monitor their risk of developing other cardiovascular diseases including coronary heart disease and stroke.

The practice was aware of the areas where performance was not in line with the national or CCG figures. We found action plans were in progress of being implemented to address this. This included increased appointments for patients to access nursing services and strengthening the recall system to ensure:

- patients at risk of and / or withlong term conditions were invited for regular checks based on birth month
- patients were invited for national screening programmes for cancer (breast, bowel and prostrate) where appropriate and
- patients requiring advice on their diet, smoking and alcohol cessation were advised by the practice nurse and / or signposted to relevant service.
- Practice supplied data showed 206 out of 989 (20.83%) patients aged between 40 and 74 had received NHS health checks to date.
- The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 81.5% and the national average of 81.8%. The practice nurse worked with the receptionists to offer reminders for patients who did not attend for their cervical screening test.

The practice offered a full range of immunisations for children. Comparative data for 2014/15 showed the practice had performed below CCG average for the majority of immunisations. For example, childhood immunisation rates for the vaccinations given to:

- under twos ranged from 60% to 85% compared to the CCG average of 79.2% and 96.3%.

Inadequate

Are services effective?

(for example, treatment is effective)

- five year olds ranged from 87.5% to 91.7% compared to the CCG average of 87.1% to 95.4%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

All eight patients we spoke with told us they were satisfied with the care provided by the practice and had consistently received a caring and good service. Some patients gave specific examples of care provided by the GP which they felt exceeded their individual expectations. To ensure patient confidentiality we have not listed the specific examples in this report.

This was corroborated by patient feedback we received prior to the inspection, practice survey results, friends and family test and the national GP patient survey results published in July 2015. The survey results showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses; and this had consistently been maintained since the January 2015 results. For example:

- 96% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 85% and national averages of 87%.
- 96% said the nurse was good at listening to them compared to the CCG and national averages of 91%.
- 97% said the nurse gave them enough time compared to the CCG and national averages of 92%.

All of the five patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One less positive comment related to the appointment waiting times and the lack of facility to book a specific appointment in the morning.

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- 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 and that 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.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Although staff told us that translation services were available for patients who did not have English as a first language; there were no notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The GP contacted patients if they had suffered bereavement and this was an area some patients we spoke with gave very positive feedback. This included the GP contacting patients during the weekend to check on their

Good

Are services caring?

well-being, giving them advice on how to find a support service and this call was followed by a patient consultation. The consultation was undertaken at a flexible time and location to meet the family's needs.

The patient folder in the waiting room contained information advising patients on how to access a number of support groups and organisations. However, this was not always looked at by patients and the practice should consider ensuring the information is clearly displayed for patients to access.

- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer. Fifty seven patients had been identified as having a caring role. Written information was available to direct carers to the various avenues of support available to them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to address concerns highlighted at our April 2015 inspection. We found the GP, practice nurse and new practice manager had been supported by a team of local practice managers and consultants to formulate an action plan to secure improvements. The implementation of the action plan was still work in progress with some improvements having been made. For example,

- At our previous inspection patients had access to a locum nurse on Tuesdays and Wednesdays only. On this inspection we found the practice had employed a full-time nurse (30 hours a week) which meant patients had better access to services such as cervical screening, well woman checks, immunisations and travel vaccinations.
- The CCG had agreed to the practice's application to close the patient list size for one year to enable staff to focus on improving services.
- The GP had audited the number of people who had not attended their hospital appointments and took appropriate action to address this.

The practice had recognised the needs of most of the population groups in the delivery of its services. For example,

- longer appointment times and home visits were available for patients who would benefit from these. This included people with learning disabilities, people experiencing poor mental health and older people.
- Same day appointments were available for children and those with serious medical conditions.
- Mothers, babies and children had access to fortnightly clinics facilitated by a midwife and health visitor.

We found the practice still did not offer online facilities for patients to book appointments, request prescriptions and access their summary care record. The GP told us this was work in progress and the practice was engaging an external provider to activate the functionality on the practice website. However, we were not assured this was proactively being considered as we received the same feedback during the March 2015 inspection. We reviewed the practice website and found it had very limited, relevant and / or up to date information on services available for patients. We had raised these issues with the provider at our previous inspections.

The lack of online facilities did not ensure choice and convenience for patients; and the provider was not meeting the contractual agreements stipulated in the 2015/16 general medical services (GMS) contract. From 1 April 2015, it is a contractual requirement to promote and offer:

- Patient access to their GP record - online access to all detailed information that is held in a coded form within the patient's electronic medical record.
- Electronic appointment booking and routinely consider whether the proportion of appointments that can be booked needs to be increased to meet the reasonable needs of their registered patients, and, if so, take such action accordingly.

Very limited telephone consultations were offered for patients of working age and those recently retired as care was mostly delivered by a single handed GP from the practice. Patients were informed at the point of registration that the practice had a male GP and those requiring to be seen by a female were seen with a chaperone present and / or when a locum female GP was requested.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday; and operated an open access system in the morning. Patients who contacted the practice before 11.15am were guaranteed a same day appointment. We observed staff writing patient names on the waiting list, giving them an estimated time they would be seen and some were called nearer their appointment time if they chose to wait at their home as they lived locally. Two patients highlighted they were not always informed if the GP was running late with his consultations and therefore would often have to phone the practice.

Pre-bookable appointments and home visits were available between 3pm and 6.30pm. Weekend appointments were offered through Nottingham emergency medical services (NEMS).

Results from the national GP patient survey showed most patients were satisfied with how they could access care and treatment when they needed them. For example:

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 92% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 90% said the last appointment they got was convenient compared to the CCG and national average of 92%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83%, and national average of 85%.
- 72% patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

Lower values were achieved for waiting times and this was aligned with the features of the open access system. For example, the GP saw an average of three to four patients an hour which would mean the last person to make contact at 11.15am would be seen two to three hours later. The national patient survey results showed:

- 83% usually waited 15 minutes or more after their appointment time to be seen compared to the CCG average of 38% and national average of 35%.
- 67% felt they normally have to wait too long to be seen compared to the CCG average of 47% and national average of 42%.

Following our March 2015 inspection, the practice undertook a patient survey of the waiting times experienced during the morning surgery. One hundred survey forms were distributed and 20 surveys were returned. The results showed most patients appreciated being able to access a same day GP appointment and to discuss all their health needs in one appointment; even if it meant there was a longer wait because other people were having all their care needs dealt with.

Mixed reviews were received in respect of shorter appointments being introduced to reduce the waiting times. For example, 35% agreed this would reduce waiting times, 15% neither agreed nor disagreed and 50% disagreed. A decision to maintain the open access system for morning GP consultations was therefore agreed in consultation with the patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Listening and learning from concerns and complaints

Records we looked at and staff feedback demonstrated the practice did not have an effective system in place for handling complaints and concerns. Specifically, the processes for receiving, handling, considering and responding to both verbal and written complaints.

The new practice manager was in the process of reviewing the policies and procedures in place to

ensure they were in line with recognised guidance and contractual obligations for GPs in England; and that clear procedures were followed in practice by all staff.

The GP was the designated responsible person who handled all complaints in the practice. We reviewed two formal complaints recorded since our last inspection in April 2015. One of the complaints was being reviewed by NHS England and an outcome was yet to be determined. The second complaint was briefly documented which did not assure us that the provider:

- had taken appropriate steps to coordinate a response
- shared the concerns with staff and identified lessons learnt and improvements.

We saw that information was available to help patients understand the complaints system via a leaflet in the waiting area. All of the patients we spoke with told us they had never made a complaint and had no reason to.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The GP and staff shared strong values of providing a caring and friendly service that prioritised person centred care, openness and easy access for patients. Staff we spoke with were able to explain their understanding of these values and how they would promote them to provide good care for patients.

The GP had been supported by a team of external consultants and local practice managers in developing action plans and strategies which reflected a vision to deliver good care and promote positive outcomes for patients. This was in response to the provider being rated inadequate following their March 2015 inspection.

However, we found the implementation of these action plans was not effectively carried out and monitored regularly by the provider to evaluate the progress made, to continually improve and to prevent the same or similar issues recurring. We were also concerned about the GP's competence, capacity and capability to lead given poor clinical outcomes achieved for some patients and repeated breaches in regulations. We have inspected this practice on five occasions and identified breaches in regulations in four of the inspections. Our inspection findings meant we could not be confident that the GP had appropriate knowledge of the legal requirements of the Health and Social Care Act 2008, and understood the consequences of failing to take effective action to meet previously set requirements.

The GP told us they had plans to recruit a second GP and healthcare assistant as part of their succession planning. However, we were concerned this was not a realistic strategy given the GP had informed us of this plan at all of our previous inspections but was not actively trying to find a potential partner to support them in the delivery of the service.

Governance arrangements

The practice had reviewed its governance arrangements since our last inspection in March 2015 and some of the improvements made included:

- A clear staffing structure was in place. Staff were aware of their own roles and responsibilities and understood most of the areas they were accountable for.
- Staffing levels had been increased which meant reduced workload for staff and improved morale. The practice manager was able to focus on day to day activities and having a full-time nurse increased the practice's clinical capacity to offer nursing services to patients.
- Some of the GP's lead roles had been delegated to the practice nurse and manager.
- A schedule was in place to review the practice's policies and procedures and these were shared with staff when updated and signed off.

However, insufficient improvements had been made to ensure the arrangements for governance and performance management were operated effectively and supported the delivery of good quality care. Specifically, the practice prioritised compassionate care and access to services but did not ensure all clinical aspects of care were being delivered and that patients received a safe and good quality service to ensure their health and welfare. For example:

- Records reviewed and discussions held with the GP showed effective systems were not in place to ensure a holistic and comprehensive understanding of the practice's clinical performance.For example:
- There was minimal evidence of learning in respect of breaches in regulation identified at our previous inspections; and significant issues that threatened the delivery of safe and effective care were not identified or adequately managed by the provider. This included maintaining complete and detailed records for patients and the overall management of regulated services provided. There were repeated failures to comply with legal requirements which have been consistently raised with the provider in all of our previous inspections.
- Data showed performance for the Quality and Outcomes Framework (QOF) had decreased by 11.8% between 2013/14 (93.65%) and 2014/15 (81.8%). QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions were not sufficiently robust to promote safe care and treatment.
- Some practice specific policies related to clinical areas such as medicines management required review to

Are services well-led?

Inadequate

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

ensure they were in line with best practice guideline and shared with appropriate staff. Although staff had access to guidelines from NICE, the practice did not monitor that these guidelines were followed through risk assessments, audits or random sample checks of patient records.

- Although the GP undertook clinical audits, these were mostly related to areas of special interest and did not always align with the needs and or risks to the patient population.
- There was limited service development.

Leadership, openness and transparency

The GP and practice manager told us improving the culture and staff satisfaction had been prioritised to ensure they felt engaged with improving the service and worked well together. Staff told us improvements had been made to promote an open culture and they worked well as a team. There was a clear leadership structure in place and most staff felt supported by management.

Staff said they felt respected and valued particularly by the practice manager. Records reviewed and staff feedback showed they were encouraged to identify opportunities to improve the service delivered by the practice. However, some staff gave examples of suggested ideas to develop the practice or learning from significant events which had not been agreed or implemented by the provider.

Regular team meetings were held and staff had the opportunity to raise any issues. Most staff felt they were mostly supported if they did.

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

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

- The practice gathered feedback from patients through the active patient participation group (PPG), practice survey and the friends and family test. The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.
- We spoke with three PPG members who felt patients were engaged in the delivery of the service and had recently been involved in the review of the appointment system. The practice had maintained the open access morning appointment system in response to patient feedback.
- The practice gathered feedback from staff through a range of formal and informal staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice manager.
- All staff felt involved and engaged to improve how the practice was run; although some did not always feel supported and empowered to bring about the changes.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed** **We found non-clinical staff undertaking chaperoning duties had no risk assessments in place and / or appropriate Disclosure and Barring Service (DBS) checks undertaken by the provider. Additionally, the provider had could not provide documentary evidence to confirm they had been assured that students providing one to one psychotherapy support were suitable to work with vulnerable adults. This did not ensure appropriate safeguards were in place to protect patients.** **This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people using the service against the risk of inappropriate or unsafe care due the lack of effective systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. We found medication reviews for patients were not managed effectively and in line with best practice guidelines. For example effective systems were not in place to ensure medication reviews were undertaken as planned, linked to specific diagnosis and / or read coded. This was in breach of regulation 12(1) and (2)(a)(b)c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found systems in place to assess, monitor and improve the quality and safety of the services were not effectively established. The provider had not ensured that accurate and contemporaneous patient records were routinely completed following each consultation to evidence the treatment and care provided. This was in breach of regulation 17(1) and (2)c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.