

# Dr Shibopriyo Mukhopadhyay

## 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?

Good



Are services effective?

Inadequate



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 Dr Shibopriyo Mukhopadhyay's practice on 25 February 2016. Overall the practice is rated as requires improvement.

Our previous comprehensive inspection carried out in March 2015 found breaches of legal requirements (regulations) relating to safe, effective, responsive and well led domains. In addition, all population groups were rated as inadequate due to the concerns found in these domains. 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. At this inspection we found some improvements had been made in relation to safe, responsive and well led domains; however the practice

had not made sufficient improvements to comply with two of the regulations they were previously in breach of. This related to safe care and treatment and good governance.

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

- The practice had improved its systems and processes for assessing and monitoring identified risks to try and ensure patients were kept safe. This included: carrying out suitable checks for staff undertaking chaperone duties and those recently recruited, auditing of infection control practices and increasing the clinical staffing levels.
- The practice had implemented improvements to the appointment system to enable patients to have easy access to the service. Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments

# Summary of findings

available the same day. However, robust arrangements were still required to ensure appropriate GP cover was in place during planned or unplanned absences.

- The systems for recording, monitoring and reviewing information about safety had been strengthened. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Improvements had been made to ensure effective care and treatment was provided for patients with diabetes, depression and chronic obstructive pulmonary disease.
- Some staff did not assess patients' needs and deliver care in line with current evidence based guidance. For example, the care and treatment of patients identified as requiring a minor surgical procedure had not been provided in a timely way, the quality of note taking was poor and did not demonstrate effective follow up action to determine patient outcomes. Due to these concerns we took urgent enforcement action to minimise any further risks to patients.
- Improvements were still required to ensure clinical audits and re-audits were undertaken in line with best practice guidance to improve patient outcomes.
- Clinical performance data showed patient outcomes were at or below the local and national averages.
- Staff were supported with their professional development; however arrangements for the supervision and appraisal of practice nurses required improvement to ensure they were fully supported by a clinician / GP.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had adopted an "open door" approach for carers to enable them to access support from practice staff as and when required.
- Patients had access to information about the service in appropriate languages and formats. This included English, Polish, Hindi and Punjabi.

- The practice had proactively sought feedback from staff and patients including the patient participation group (PPG). The practice worked closely with the PPG to promote patient education on the appropriate use of secondary care services.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, the overarching governance framework did not always support the delivery of good quality care.

The areas where the provider must make improvements are:

- Ensure clinical audits and re-audits are carried out to improve patient outcomes. Specifically those relating to osteoporosis and minor surgery.

In addition the provider should:

- Continue to review the availability of non-urgent appointments and adjusting them in response to patient demand.
- Review and update the practice's procedures and guidance as planned.
- Ensure proactive measures are taken to increase the uptake of cancer screening programmes.
- Ensure proactive identification of carers.

I confirm that this practice has improved sufficiently to be rated Requires Improvement overall. However, the practice has been rated as inadequate for the effective domain and as a result remains in special measures.

We took urgent enforcement action and served an Urgent Notice of decision imposing additional conditions on the provider's registration in respect of carrying on the regulated activity, surgical procedures, from this location. The below conditions took effect from 3 March 2016 and will remain in force until removed by the Care Quality Commission (the CQC).

New conditions imposed:

1. The service must ensure that Dr Shibopriyo Mukhopadhyay does not carry on any surgical procedures with immediate effect.
2. Clinicians who carry out surgical procedures at the practice must have appropriate and up to date training in carrying out those procedures.

# Summary of findings

The registered provider must ensure that all persons involved in the delivery of the regulated activity 'Surgical Procedures' have received appropriate training which is documented, auditable and evidenced prior to any surgical procedures being carried on.

3. An audit of patients who have had minor surgery since 01 February 2015 must be carried out.

This is to ensure patients have received appropriate care and treatment, and to determine if any follow up actions are needed to ensure patient safety.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service

has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take 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 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 urgent enforcement action. Special measures will give people who use the service the reassurance that the care they get should improve.

**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 good for providing safe services.

Good



- The system in place for reporting and recording significant events had been improved. Staff understood their responsibilities to raise concerns and to report incidents, and near misses. Lessons were shared to ensure action was taken to improve safety in the practice.
- The practice had improved the processes in place to keep patients safe and safeguarded from abuse. This included: ensuring that appropriate checks had been undertaken for all staff undertaking chaperone duties, auditing of infection control practices and implementing changes, and recruitment of staff.
- Risks to patients were assessed and well managed overall. This included checks related to health and safety, fire and the premises.
- Staffing levels had been reviewed and the capacity of clinical staff had been increased by employing a healthcare assistant. The capacity of administrative staff had also been increased by fourteen hours a month.
- Robust arrangements were still required to ensure appropriate GP cover was in place during planned or unplanned absences.
- Systems were in place to enable staff to respond to a medical emergency. This included access to emergency equipment, medicines and the business continuity plan.

### Are services effective?

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

Inadequate



We found some improvements had been made following our March 2015 inspection and this included:

- Improved care outcomes and performance related data for long term conditions such as diabetes, depression and chronic obstructive disease.
- Proactive engagement with other health and social care professionals including community specialist nursing teams to ensure the delivery of integrated care for patients, and
- An increased uptake of NHS health checks offered to patients aged 40 to 74.

However, we still found insufficient assurances to demonstrate all patients received effective care and treatment. For example:

# Summary of findings

- The care and treatment of patients identified as requiring a minor surgical procedure had not been provided in a timely way and in some cases contemporaneous records had not been kept.
- Our overall inspection findings did not assure us the senior GP in the practice had the experience, capacity and capability to undertake the regulated activity of surgical procedures and ensure high quality care.
- Due to these concerns we took urgent enforcement action to minimise any further risks to patients.
- One of three clinical audits demonstrated quality improvement.
- The 2014/15 national performance data showed patient outcomes were at or below local and national averages. For example, the practice had 88% of the total available points compared to the clinical commissioning group (CCG) average of 92% and national average of 94.7%. Practice supplied data for 2015/16 showed improvement to the performance data, although this had not been verified and published .
- Screening rates for cervical, breast and bowel cancer were below the CCG and national averages.
- Most of the staff had the skills, knowledge and experience to deliver effective care and treatment. However, arrangements for the supervision and appraisal of practice nurses required improvement to ensure they were supported by a clinician / GP.

## Are services caring?

The practice is rated as good for providing caring services.

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients described staff as polite, friendly, caring and professional; and this was our observation on the inspection day.
- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for several aspects of care planning and interactions with staff. For example, 86% of respondents described their overall experience of this surgery as good compared to a CCG average of 84% and national average of 85%.
- Information relating to available services and external support services was easy to understand. This also included leaflets translated into Polish language to cater for the Polish patients on the practice list (13.3%).

Good



# Summary of findings

- Staff provided support and relevant information to enable patients and carers to cope with their care and treatment or bereavement. An open door approach for carers had also been introduced to ensure they were fully supported when they turned up at the practice.

## Are services responsive to people's needs?

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

- The practice had reviewed the needs of its patients and engaged with the patient participation group, local medical committee and clinical commissioning group to secure improvements to services. For example, improvements had been made to patient's experience of telephone access and availability of GP appointments. However we had some concerns about the long term sustainability of maintaining the current level of GP clinical appointments.
- The patient participation group and practice staff had been proactive in educating patients on the appropriate services to use during practice hours. Data reviewed showed this had an impact in minimising the high usage of walk in centres and hospital by patients when the practice was opened.
- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in their preferred language and format. Records reviewed showed the practice responded quickly to issues raised.
- Learning from complaints was shared with staff.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, the overarching governance framework did not always support the delivery of good quality care.
- Performance management arrangements had been proactively reviewed and we saw evidence of improved outcomes for some patients.
- Staff were aware of their responsibilities in relation to the practice vision.

**Requires improvement**



# Summary of findings

- There was a clear leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, and these were being reviewed and updated.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and members we spoke with felt well supported and engaged with the improvements made.
- There was a focus on continuous learning and improvement by staff to embed the improvements made.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Care and treatment of older people did not always reflect current evidence-based practice. For example, the practice's report titled "a therapy review of osteoporosis" was not in line with the National Institute for Health and Care Excellence (NICE) guidelines in respect of assessing the risk of fragility fracture in patients; and this had not been reviewed since our March 2015 inspection.
- Our review of the osteoporosis register showed only one patient aged 75 and over, had been listed and was being treated with bone sparing agent.
- Practice supplied data showed 69% of people aged 65 or over had received a seasonal flu vaccination and this was in line with the CCG average of 69.1%.
- Longer appointments and home visits were available for older people when needed.
- An open door approach for carers had been introduced and a self-care event with Age UK had been planned for March 2016.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and had received additional support from community specialist nurses. Records reviewed showed improved outcomes for the care of patients with diabetes, depression and chronic obstructive disease. For example:
- Practice supplied data for 2015/16 showed an achievement of 87.8% for performance indicators related to diabetes. This was a significant improvement of 32% when compared to the 2014/15 achievement of 55.8%. The practice supplied data had not yet been verified or published.
- We received positive feedback from the diabetes specialist nurse in relation to the practice staff's proactiveness in improving patient outcomes and the structured system in place to review the care needs of patients with diabetes.
- The number of GP appointments had increased and patients had access to home visits and longer appointments when needed.

**Requires improvement**



# Summary of findings

- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. The systems in place for inviting patients for their regular checks had also been strengthened.
- Patients at risk of hospital admission were identified as a priority and monthly multi-disciplinary team meetings were held to coordinate the care of patients with complex/multiple health needs.
- A self-care event had been planned for March 2016 and external organisations such as Diabetes UK had been invited.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk. For example, children and young people who had a high number of A&E attendances.
- The 2014/15 data showed immunisation rates were relatively high for all standard childhood immunisations. However, practice supplied data for 2015/16 showed the practice's immunisation rates were below CCG average as at 31 December 2015.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We received positive feedback from the midwife attached to the practice. They confirmed the practice provided a responsive service when safeguarding concerns were raised and systems were in place to safeguard patients.
- The patient participation group (PPG) was actively recruiting for young people and an open door approach was offered to young carers to ensure they were seen when they turned up at the practice.

Requires improvement



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

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired and most of the services reflected the needs of this group.
- The practice offered online services including booking of appointments, prescription ordering and electronic prescribing.

Requires improvement



# Summary of findings

- Health promotion advice was offered and a range of health screening that reflects the needs for this age group were offered.
- The uptake of NHS health checks for people aged 40–74 had significantly increased since our last inspection. We found 110 health checks had been completed for 2015/16 compared to 30 health checks that had been completed in 2014/2015.
- The Public Health data showed the practice's national cancer screening uptake was lower than the CCG and national averages.
- The patient participation group (PPG) were considering holding their meetings outside of working hours to encourage participation by working age people.
- The practice now offered GP appointments from 9am at least two or three times week. Some patients we spoke with acknowledged the improvement but felt further improvements were required for those wishing to access appointments outside of standard working hours (early mornings or late evenings).

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability and annual health checks had been offered to all 13 patients. Ten out of 13 patients had received an annual health check and additional reviews had been scheduled for two other patients in March 2016.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people. Home visits and longer appointments were offered when needed.
- The practice informed 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.
- There were arrangements in place to allow people with no fixed address to register or be seen at the practice.

Requires improvement



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

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

Requires improvement



# Summary of findings

- The 2014/15 data showed performance for mental health related indicators was 100% compared to the CCG average of 91.1% and national average of 92.8%. However, the exception reporting rate was significantly above the CCG and national averages for four of the six mental health related indicators. The practice had an average exception rate of 37.7% compared to a CCG average of 14.9% and national average of 11.1%.
- Practice supplied data showed:
  - 14 out of 17 patients on the dementia register had been reviewed in the last twelve months.
  - 91.6% of eligible patients on the mental health register had a comprehensive care plan in place.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients had access to counselling services twice weekly from the practice.
- The practice website included signposting information for a dementia support group and mental health services.

# Summary of findings

## What people who use the service say

We looked at the national patient survey results published in January 2016. A total of 352 patient surveys were sent out and 105 patients returned these, which was a 30% completion rate. The practice performed well in respect of the following areas;

- 98% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared to a CCG average of 91% and a national average of 90%.
- 58% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 54% and a national average of 58%.
- 86% of respondents described their overall experience of this surgery as good compared to a CCG average of 84% and a national average of 85%.

The practice performed lower than other practices in the following areas;

- 30% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 64% and a national average of 65%.
- 43% of respondents find it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 60% of respondents described their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.

The practice team were aware of all of the areas where lower satisfaction scores had been achieved and

recognised them as ongoing areas for development. Measures were in place to address them proactively with a view to improving patient care. These measures have been detailed in our inspection report for 18 December 2015.

The practice and PPG had conducted its own patient survey related to access and appointments between 12 and 30 October 2015. Sixty-seven patients responded to this survey and the results were as follows:

- 86.5% said they were able to get an appointment easily and 13.5% had not been able to get an appointment.
- 83.6% said they had not encountered any problems requesting an appointment while 16.4% experienced difficulties.

Prior to our inspection we left comment cards for patients to complete. We received 23 completed comment cards. Twenty out of 23 cards contained positive feedback about the service received. Patients said they had received good care and treatment and praised the staff. Less positive comments related to availability of appointments and specific care given.

We also spoke with eight patients and three members of the patient participation group (PPG) during our inspection. Feedback received was mostly positive. Most patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure clinical audits and re-audits are carried out to improve patient outcomes. Specifically those relating to osteoporosis and minor surgery.

### Action the service **SHOULD** take to improve

- Continue to review the availability of non-urgent appointments and adjusting them in response to patient demand.
- Review and update the practice's procedures and guidance as planned.

## Summary of findings

- Ensure proactive measures are taken to increase the uptake of childhood immunisations and cancer screening programmes.
- Ensure proactive identification of carers.

# Dr Shibopriyo Mukhopadhyay

## 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 and a practice manager specialist advisor.

## Background to Dr Shibopriyo Mukhopadhyay

Dr Mukhopadhyay's practice provides primary medical care services to approximately 3400 patients in Sutton-in-Ashfield in North Nottinghamshire. The practice is based at a single location: at Ashfield Medical Centre, King Street, Sutton-in-Ashfield, Nottinghamshire NG17 1AT.

The practice has an increasing patient list size including a growing Polish population who represent 13.3% of the total patient population. The salaried GP speaks Polish, which enables patients' to access a GP who can converse with them in their preferred language.

Dr Mukhopadhyay is a single handed GP and is supported by a salaried GP who provides nine sessions over a two week period. Both GPs are male. The nursing team comprises of two part-time practice nurses and a healthcare assistant. The clinical team is supported by the practice manager and four staff undertaking administrative and / or reception roles.

The practice has a Primary Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community or communities. Services offered include immunisations for children, foreign travel, minor surgery, diabetic clinic and ear syringing.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available from 9am to 12.10pm on Monday, Wednesday and Friday; and from 3.30pm to 5.40pm daily. On Tuesday and Thursday morning appointments are offered from 10am to 12.10pm. Extended surgery hours including a lunchtime clinic are offered subject to patient demand. The practice has opted out of providing the out-of-hours services to their own patients. This is provided by Central Nottinghamshire Clinical Services (CNCS).

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

- 24 March 2015 under the new comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.

A focused inspection was undertaken on 18 December 2015 to follow-up a Warning Notice issued where improvements were required by 1 December 2015. The practice complied with the Warning Notice.

## 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 24 March 2015 and we identified concerns in relation to:

# Detailed findings

- Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Cleanliness and infection control
- Regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed
- Regulation 17(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

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 was 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.

## 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 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)

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 25 February 2016

During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, practice manager, administrative staff, midwife and diabetes specialist nurse.
- Spoke with patients who used the service including three members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients to corroborate our evidence.
- Reviewed comment cards where patients had shared their views and experiences of the service.

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



# Are services safe?

## Our findings

A comprehensive inspection was undertaken on 24 March 2015 and the safe domain was rated requires improvement. We found processes in place were not being implemented well enough to mitigate identified risks and ensure patients were kept safe. This included: suitable checks for staff undertaking chaperone duties, infection control, recruitment procedures, staffing and systems for recording, monitoring and reviewing information about safety.

At this inspection, we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulations described above.

### Safe track record and learning

There was an improved system in place for reporting and recording significant events and incidents. For example, the practice's significant events policy had been reviewed, updated and discussed with staff to ensure they understood the process. Staff had also been informed of the procedures to report incidents to relevant external agencies. Staff we spoke with and records reviewed showed incidents, accidents or significant events were a standing agenda item at practice meetings. We also found evidence to confirm:

- Staff followed practice guidance to report significant events and incidents.
- The practice carried out an investigation and analysis of them.
- The incidents were discussed with staff and lessons were shared to ensure action was taken to improve safety in the practice.
- The recording of significant events, discussions held, learning outcomes and completion of agreed actions had also been strengthened.

The practice manager received all medicines and patient safety alerts, and disseminated the information to clinical staff. We saw evidence of changes being made in response to these alerts and some improvements had been made to ensure the senior GP attended the practice nurse meetings to discuss clinical concerns.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. The senior GP was the safeguarding lead and they had received training appropriate for their role. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Policies were accessible to all staff.
- We received positive feedback from the midwife about the engagement and responsiveness of practice staff when safeguarding concerns were shared. However we noted that regular face to face meetings were not always held between the GP, midwife and health visitor.
- Notices in different languages (English, Polish, Urdu and Hindi) were clearly displayed within the practice areas advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 clean and tidy. 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. A two cycle infection control audit had been completed in January and February 2016. We saw evidence of action taken to address identified improvements. For example, staff had attended refresher training in January 2016 and infection control policies relating to clinical waste and sharps injury had been updated. Staff had signed to confirm they had read and understood the policies, and were aware of their responsibilities.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Weekly meetings took place between practice staff and the

## Are services safe?

clinical commissioning group (CCG) pharmacist. The pharmacist supported the clinicians in carrying out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Prescriptions were securely stored and there were systems in place to monitor their use.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had reviewed its recruitment policy to reflect best employment practice. As a result, appropriate recruitment checks had been undertaken for new staff employed after our March 2015 inspection. Professional registration checks for all clinical staff had been checked. We reviewed three staff files and saw proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. This included undertaking assessments related to health and safety, fire, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw documented evidence to show that water outlets were being flushed through weekly in line with the practice's risk assessment.
- Fire drills that had occurred within the practice were unplanned and records reviewed showed appropriate evacuation procedures had been followed. However, improvements were needed to the documentation to ensure it identified which staff member had undertaken the testing of fire alarm points.
- All portable electrical appliances were tested to ensure the equipment was safe to use. Clinical equipment was checked and calibrated to ensure it was working properly.

The practice had reviewed its staffing levels and skill mix to improve patient access and services delivered. The improvements made included:

- An increase in staffing including 14 hours allocated for the administration of the practice and the recruitment of one receptionist.

- A health care support worker was recruited in November 2015 which enabled the practice nurses to focus on more chronic disease management.
- Appointments were now available with the senior GP from 9am two or three days a week.

The practice staff including the senior GP acknowledged that further improvements were needed to the clinical skill mix and different options were being explored. For example, the potential recruitment of an advanced nurse practitioner, increased GP hours for the current salaried GP or recruitment of another part-time GP. However there were no agreed plans at the time our inspection.

Patients we spoke with felt that having more GPs could improve staffing levels and increase the number of available GP appointments early mornings or late evenings. A rota system was in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Robust arrangements were still required to ensure appropriate GP cover was in place during planned or unplanned absences.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers used by staff which alerted them to any emergency.
- All staff had received annual training for basic life support, . Records reviewed showed staff had responded appropriately to a medical emergency that had occurred within the practice and the patient had received appropriate support.
- Most of the emergency medicines were available in the treatment room. (suspected bacterial meningitis) chest pain of possible cardiac origin)
- 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.
- The practice had oxygen and a defibrillator with adult pads available on the premises. A first aid kit and accident book was also available.

## Are services safe?

- The practice had a business continuity plan in place for major incidents such as gas failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

A comprehensive inspection was undertaken on 24 March 2015 and the effective domain was rated inadequate as:

- The knowledge of staff and reference to the National Institute for Health and Care Excellence (NICE) guidelines was inconsistent.
- Patients' needs were not always assessed and their care was not planned and delivered in line with current guidance. Areas of significant concern included the care of patients with a diagnosis of diabetes, depression and / or osteoporosis.
- The practice did not have effective systems in place to ensure information collected for the Quality Outcomes Framework (QOF) was used to monitor patient outcomes and drive improvement. QOF data showed mixed patient outcomes and the practice was an outlier for some clinical targets.
- There was very limited evidence of clinical audits being used to drive improvement in performance and patient outcomes.
- NHS health checks had not been proactively offered to patients aged 40 to 74.

We took enforcement action following our 24 March 2015 inspection due to poor outcomes achieved for patients with diabetes and depression. We carried out a focused inspection on 18 December 2015 and found improvements had been made to ensure positive health outcomes for these patients.

The detailed findings of this inspection are noted below.

### Effective needs assessment

The clinical staff we spoke with told us they assessed patients' needs and delivered care in line with current evidence based guidance and standards. This included the National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We saw some examples of where NICE guidelines had been implemented to ensure patients with conditions such as depression, diabetes and chronic obstructive pulmonary disease received appropriate care and treatment.

This was reflected in patient records we reviewed and the improved 2015/16 data supplied by the practice. For example, the 2014/15 QOF data showed 0% of patients

aged 18 or over with a new diagnosis of depression in the preceding year had been reviewed. At this inspection, we found 74% of patients on the depression register had received a review of their health needs. This data had not yet been verified or published. The practice staff had also engaged the regular support of community specialist nurses and attended educational sessions to improve their knowledge.

We were very concerned that the provider was not following national guidance to ensure that patients requiring minor surgery (for example removal of moles, warts and skin tags) had received an adequate assessment and that appropriate investigations and/or treatment had been provided in a timely manner. For example:

- The practice had a waiting list of 29 patients requiring a surgical procedure and waiting times ranged from 1.5 years to one week; with the majority of patients waiting for over five months to have the procedure undertaken. The practice had not informed patients of why there was delay and this had not been identified as an area of risk to patient care.
- Four patient records we looked at showed the quality of note taking relating to surgical procedures was poor and did not adequately record the rationale indicating the need for minor surgery. Neither did it demonstrate effective follow up action to determine any clinical outcomes.
- Our review of patient records and discussion with the GP undertaking the surgical procedures showed patients had not been fully protected against the risks of receiving inappropriate care or treatment.
- Our overall inspection findings did not assure us the senior GP in the practice had the experience, capacity and capability to undertake the regulated activity of surgical procedures and ensure high quality care.

We therefore took urgent enforcement action to protect patients. We imposed urgent conditions to ensure that patients received appropriate care and treatment, and to determine if any follow up actions were needed to ensure patient safety. These conditions stated the:

- Senior GP must not carry on any surgical procedures with immediate effect from 3 March 2016.

# Are services effective?

## (for example, treatment is effective)

- Clinicians who carry out surgical procedures at the practice must have appropriate and up to date training in carrying out those procedures and
- An audit of patients who have had minor surgery since 01 February 2015 must be carried out.

### 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 results showed the practice had achieved 88% of the total number of points available compared to the clinical commissioning group (CCG) average of 92% and national average of 94.7%.

The practice had achieved a clinical exception reporting rate of 9.4% which was in line with the CCG average of 9.5% and national average of 9.6%. 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 2014/15 data showed the practice was an outlier for the following QOF clinical targets: diabetes, depression and osteoporosis. For example:

- The practice had achieved 55.8% QOF points for diabetes. At this inspection, practice supplied data showed 87.8% had been achieved and this was a significant improvement of 32%. This data had not yet been verified or published. We received positive feedback from the diabetes specialist nurse in relation to the practice staff's proactiveness in improving patient outcomes and the structured system now in place to review the care needs of patients with diabetes. Referrals to structured education programmes as per NICE guidelines had also increased from 42.8% to 100%.

The 2014/15 data showed;

- Performance for osteoporosis related indicators was 66.7% compared to the CCG average of 74.6% and national average of 81.4%. The exception reporting rate was 0% for all related indicators and this was below the

CCG and national averages. Our review of the osteoporosis register at this inspection showed only one patient aged 75 and over had been listed and was being treated with bone sparing agent.

- Performance for mental health related indicators was 100% compared to the CCG average of 91.1% and national average of 92.8%. However, the exception reporting rate was significantly above the CCG and national averages for four of the six mental health related indicators. The practice had an average exception rate of 37.7% compared to a CCG average of 14.9% and national average of 11.1%.
- 83.8% of patients with hypertension had a reading of their blood pressure results recorded within the preceding 12 months. This was in line with the CCG average of 85.3% and national average of 83.6%.

One of three clinical audits demonstrated quality improvement.

- An audit was carried out to determine if patients with diabetes were adhering to the HbA1c (glycated haemoglobin) recommended levels as per NICE guidelines. By measuring HbA1c, clinicians are able to get an overall picture of a patient's average blood sugar levels over a period of weeks or months. Findings from the initial audit informed positive changes to the care and treatment of patients. The second audit cycle showed a nine percent improvement from 53% to 62%.
- We found the senior GP had not addressed shortfalls identified in the two audits we reviewed at our March 2015 inspection. Specifically:
- The practice's report titled "a therapy review of osteoporosis" was not in line with NICE guidelines in respect of assessing the risk of fragility fracture and we could not conclude from this review the impact on patients care.
- The audit related to minor surgical procedures was not a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit.

### Effective staffing

Most of the staff had the skills, knowledge and experience to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured that most staff were supported with up to date and role-specific training. For example, practice nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included fire procedures, basic life support and information governance awareness. E-learning training modules were in the process of being introduced at the time of our inspection.
- The learning needs of staff were identified through a system of annual appraisals, mentoring, clinical supervision and revalidation for GPs.
- We found practice nurses were appraised by the practice manager who had no clinical background. This arrangement was not robust enough to support the professional development of nurses given the recently introduced revalidation requirements.

### Coordinating patient care and information sharing

Staff told us the information needed to plan and deliver care and treatment was available to them through the practice's patient record system and their intranet system. This was corroborated by most of the records we reviewed. This included care and risk assessments, care plans and medical records.

We also identified areas which needed to be strengthened. For example:

- In response to significant events involving delayed action to investigation and test results, the salaried GP had the lead responsibility to action test results. We received positive feedback from three patients of the timeliness of test results being actioned and being prescribed appropriate medicines. Whilst we did not identify concerns during this inspection, we were concerned about the cover arrangements in this GP's planned absence. The GP worked two/three days a week in the surgery and actioned the results remotely on other days.

Staff worked together with other health and social care services to meet the range and complexity of patients' needs; and to assess and plan ongoing care and treatment. This included patients at high risk of hospital admission, discharged from hospital, referred to other services and patients receiving end of life care.

Regular multi-disciplinary team meetings took place and care plans were routinely reviewed and updated. These meetings were attended by a range of staff including the GP, practice manager, care coordinator, community matron and specialist nurses for specific long term conditions and palliative care.

### Consent to care and treatment

Staff we spoke with were able to demonstrate they sought patients' consent to care and treatment in line with legislation and guidance. For example

- All non-clinical staff we spoke with understood the process for seeking consent including relevant guidance about sharing patient information, confidentiality and data protection.
- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

### Supporting patients to live healthier lives

Patients told us they were offered support with making changes to their lifestyle. For example, eating a healthy diet or taking regular exercise to minimise the risk of obesity. Patients were signposted to the relevant service and health promotion literature was displayed in the waiting area.

- The uptake of NHS health checks for people aged 40–74 had significantly increased since our last inspection. We found 110 health checks had been completed for 2015/16 compared to 30 health checks that had been completed in 2014/2015. Records showed 80% of appropriate follow-ups had been made where risk factors were identified.
- All patients listed on the learning disability register had been offered an annual health check and 10 out of 13 patients had been reviewed, with additional appointments scheduled for March 2016.

The practice also encouraged its patients to attend screening programmes for cervical, bowel and breast



# Are services effective?

(for example, treatment is effective)

cancer screening. The Public Health data published in March 2015 showed the practice's national cancer screening uptake was lower than the CCG and national averages. For example:

- 66.2% of females between aged 50 and 70 years had been screened for breast cancer in the last three years compared to the CCG average of 77.9% and national average of 72.2%.
- 49.2% of patients aged between 60 and 69 years had been screened for bowel cancer within six months of invitation compared to the CCG average of 55.7% and national average of 55.4%.
- 76.3% of women aged between 25 and 64 had received cervical screening within the preceding five years. This was below the CCG average of 84.8% and national average of 81.8%.

Immunisation rates for 2014/15 were relatively high for all standard childhood immunisations. However, practice supplied data showed childhood immunisation rates for the vaccinations given to children were mixed as at 31 December 2015. For example,

- immunisation rates for the vaccinations given to under two year olds ranged from 81% to 88.9% compared to the CCG averages of 94.9% to 96.9%.
- immunisation rates for children aged five years were 92.3% which was above the CCG averages of 90.6% and 89.6%.

Flu vaccination rates for the over 65s was 69%, under 65s (at risk) was 36.8% and pregnant women were 15.4%. All of these percentages were in line with the CCG average with the exception of pregnant women which was significantly below the CCG average of 37.4%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

A total of 23 patients completed the Care Quality Commission comment cards and the majority (20 out of 23) of these were very positive about the care received. Patients told us the practice offered a good service and they were treated with dignity and respect. Staff were described as being polite, helpful, caring, compassionate and professional. This feedback was also aligned with “thank you cards” we reviewed.

We spoke with eight patients during the inspection and their views were mostly aligned with the feedback on comment cards. Less positive feedback related to specific aspects of care received. We also spoke with three members of the patient participation group (PPG) who praised the practice staff for their support and kindness. They also told us they were satisfied with the care provided by the practice.

We observed members of staff were courteous, helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients’ privacy and dignity during examinations, investigations and treatments.
- Doors were closed during GP and nurse consultations and 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.

The January 2016 national GP patient survey results showed most patients felt they were treated with compassion, dignity and respect. For example, the practice was in line with the local and national averages for all of its satisfaction scores relating to consultations with nurses.

- 99% said they had confidence and trust in the last nurse they saw compared to the clinical commissioning group (CCG) average of 98% and national average of 97%.
- 95% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.

- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

Scores relating to consultations with doctors were comparable to the local and national averages.

- 89% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 85% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 79% 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%.
- 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

In addition, 85% found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.



## Are services caring?

- 98% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 85% 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%.

Translation services were available for patients who did not have English as a first language and this was clearly advertised within the practice. One of the practice GPs spoke Polish and staff told us they were a preferred choice for most Polish patients as they could communicate in the same language. The senior GP also spoke Hindi and Punjabi.

Systems were in place to ensure staff were aware of the support needs of patients with impairments including speech and hearing. One of the administrative staff was able to communicate using sign language. They gave examples of when they had supported patients to communicate their needs to the clinicians during a consultation.

### **Patient and carer support to cope emotionally with care and treatment**

Comment cards highlighted that staff responded compassionately when patients needed help and appropriate support was provided. Patients were referred to the “Together We Are Better” programme which is a free service in Mansfield and Ashfield area for people aged 65 and older. One of the programme aims is to help people form friendships with someone who shares similar interests.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 0.84% (29) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had adopted an “open door” approach for carers to enable them to access support from practice staff as and when required.

The practice had a system in place to ensure that staff were made aware of patients who had died and follow-up action was taken by the relevant GP and / or relevant staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

A comprehensive inspection was undertaken on 24 March 2015 and the responsive domain was rated inadequate. We identified that poor access and limited availability to GP appointments was a contributory factor to the high usage of walk in centres and hospital services by some patients during practice hours.

We took enforcement action following our 24 March 2015 inspection and required the provider to make improvements by 1 December 2015. We carried out a focused inspection on 18 December 2015 and found proactive steps had been taken to improve access and patients' experience. This included increasing the number of GP appointments to about 50 a week, strengthening of systems in place to review the high usage of secondary care by patients and patient education.

### Responding to and meeting people's needs

At this inspection we found the improvements had been maintained with evidence of systems in place to:

- Review appointments (available and unused) on a weekly basis, and this would inform adjustments required to meet patient demand.
- The practice had employed a part-time health care support worker to enable the practice nurses to offer more clinical appointments for patients with chronic and / or long term health conditions.
- The hours of the administration team had been increased to allow for more staff to answer the telephone and improve patient access.
- The practice had continued to engage with the patient participation group (PPG) to obtain feedback on service provision and facilitate patient education. 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.
- Information was visibly displayed in the waiting and reception area informing patients on the appropriate service to use during practice hours and the improvements that had been made to the appointment system. Some of the leaflet titles included: "How to

make sure you choose the right care when you are injured or unwell" and "Right care first time: the emergency department is for serious and life threatening conditions only".

- Data related to secondary care usage continued to be reviewed in liaison with the clinical commissioning group (CCG). Patients who frequently attended hospital were identified and a management plan was implemented. Practice supplied data showed attendances at walk in centres and A&E had reduced since our last inspection; although these were higher than the CCG average.

We found the practice had worked closely with the clinical commissioning group (CCG,) local medical committee (LMC) and PPG to secure improvements. Monitoring arrangements were in place to ensure changes were maintained.

However we had some concerns about the long term sustainability of maintaining the current level of GP clinical appointments. For example, no alternative GP cover was arranged when the part time salaried GP was on annual leave or when the senior GP cancelled some appointments. This may limit the available appointments to patients.

The practice had arrangements in place to ensure the service reflected the needs of most patients. For example:

- The salaried GP spoke Polish language and this enabled tailored services to be provided for this patient group which accounted for 13.3% of the practice population.
- Clinicians referred patients to the Recovery Partnership Nottinghamshire which was co-located in the same building. The partnership is a consortium of providers delivering specialist services for individuals and/or their families who are being affected by alcohol or drug problems.
- Patients with no fixed abode or were homeless could easily register with the practice.
- The midwife held weekly clinics on Tuesday and Thursday (new bookings) for ante-natal care.
- The practice nurses worked with a range of community specialist nurses for specific long term conditions. For example, regular clinics and fortnightly meetings were held to discuss the care of patients with chronic

# Are services responsive to people's needs?

## (for example, to feedback?)

obstructive pulmonary disease (COPD). This engagement had resulted in every patient with a COPD diagnosis being reviewed and appropriate tests being undertaken including spirometry.

- The practice actively engaged with the PPG and acted on their feedback to improve services for patients. The PPG had shared information on a walking group with patients to promote healthy lifestyles and had been involved in the planning of self-care event scheduled for March 2016.

### Access to the service

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available from 9am to 12.10pm on Monday, Wednesday and Friday; and from 3.30pm to 5.40pm daily. On Tuesday and Thursday morning appointments are offered from 10am to 12.10pm. Extended surgery hours including a lunchtime clinic are offered subject to patient demand.

Most of the patients we spoke with told us they were able to get appointments when they needed them. Some patients also commented that the availability of routine appointments had improved. A few patients particularly working age people still felt further improvements were still required.

The January 2016 national GP patient survey results showed most patients were able to obtain appointments and were happy with the opening hours. For example:

- 89% said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 76% 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%.
- 79% were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

However, some patients felt improvements were still required in relation to phone access, appointment availability and waiting times to better their access to care and treatment. For example:

- 60% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

- 43% said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 91%.
- 70% usually waited 15 minutes or more after their appointment time to be seen compared to the CCG average of 36% and national average of 35%.
- 69% felt they normally have to wait too long to be seen compared to the CCG average of 40% and national average of 42%.

We are aware that the 105 responses to this survey included the period when the improvements had not been introduced and / or were embedded therefore not accurately reflecting current patient satisfaction.

The practice and PPG had undertaken a survey related to access and appointments between 12 and 30 October 2015. Sixty-seven patients responded to this survey and the results were as follows:

- 86.5% said they were able to get an appointment easily and 13.5% had not been able to get an appointment.
- 83.6% said they had not encountered any problems requesting an appointment while 16.4% experienced difficulties.
- 59.7% of patients who rang or presented at the practice between 8.30am and 9.30am, were able to book an appointment and 40.3% said they could not get an appointment.

The practice and the PPG had explored the factors that had contributed to the lower values. They identified that some of the respondents may not have tried to ring after 8.50am as appointments were historically not available after this time and that some people may not have been aware of

the increased appointment availability. We saw that practice staff and the PPG had actively

promoted the improved access and appointment availability by displaying posters in the waiting area, publishing information in the practice's winter newsletter and talking to patients.

### Listening and learning from concerns and complaints

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

## Are services responsive to people's needs? (for example, to feedback?)

- 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 and this included posters and a summary leaflet.

The practice manager told us only one complaint had been received since our March 2015 inspection. A review of the complaint showed it had been investigated and the outcome had been shared with the patient. Learning from complaints was shared with staff.

# Are services well-led?

Requires improvement 

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

## Our findings

A comprehensive inspection was undertaken on 24 March 2015 and we found the systems in place for assessing and monitoring service provision were not always robust to ensure all risks were appropriately managed. In addition, the practice had not implemented patient feedback to address identified areas of concern. The practice's patient participation group (PPG) had restarted their meetings in 2015 and reported minimal involvement with the leadership at the time.

At this inspection, we found the provider had followed most of the action plan they had written to meet shortfalls in relation to the requirements of Regulations described above.

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients and a statement of purpose which reflected the vision and values. Staff told us the primary focus for the practice had been to address the shortfalls identified at our March 2015 inspection and embed the improved processes and procedures.

We found the practice had accessed support from the PPG, clinical commissioning group (CCG), local medical committee (LMC) and specialist nurses to inform and review their service improvement/action plan. Records reviewed confirmed regular review meetings took place and improvements had been made to some patient outcomes. Overall, patient outcomes remained at or below the CCG and national averages.

### Governance arrangements

Some of the governance arrangements in place were well managed or had improved since our last inspection in March 2015. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice was also in the process of updating the policies to ensure they were up to date and relevant.

- Staff we spoke with could demonstrate an understanding of the practice's performance. For example: the practice had acted on their low QOF scores and low satisfaction levels highlighted in the national GP patient survey.
- They also participated in the review of benchmarking data related to a range of areas such as usage of secondary care services.
- The arrangements for identifying, recording and managing risks and implementing mitigating actions had improved; although further improvements were required to ensure all patients experienced effective, safe and appropriate care that met their needs and protected their rights.
- One full cycle clinical audit had been completed and this had been reactive to the shortfalls identified at our March 2015 inspection in respect of patients with diabetes. An annual plan for a range of clinical audit topics was in the process of being drafted with a completion date set for 31 March 2016. Discussions regarding clinical audit topics had been held with staff and the CCG pharmacist to inform their improvement work.

Additional improvements were required to ensure the practice had an overarching governance framework which supported the delivery of the strategy and good quality care

### Leadership and culture

There was limited GP succession planning in place to support future developments.

Suitable arrangements were in place to ensure:

- There was a clear leadership structure in place.
- Regular staff meetings were held and records reviewed confirmed this.
- Staff told they had the opportunity to raise any issues at team meetings and most of them felt confident in doing so.
- Most staff said they felt respected, valued and supported, particularly by the practice manager and the two GPs.

# Are services well-led?

Requires improvement 

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

## 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 the PPG in the delivery of the service.

- The practice had gathered feedback from patients through the PPG, surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in the review of the appointment system, patient information related to secondary care usage, and were due to facilitate a self-care event day in March 2016. We spoke with three PPG members who were very keen and enthusiastic about improving the patient experience and recruiting young persons to the group. They all felt well supported by practice staff.

- The practice had gathered feedback from staff through team meetings, appraisals and informal discussion.
- Staff told us they were comfortable to give feedback and discuss concerns or issues with colleagues or the practice manager.

Staff spoke positively about the impact of being placed in special measures for six months to improve the delivery of services. They told us this had enabled them to be more involved in discussions about how to run and develop the practice. They were also encouraged to identify opportunities to improve the service delivered by the practice.

The practice staff felt having addressed the immediate risks and strengthened most of their systems gave them an opportunity to embed them in the future. Overall, we found staff were keen on continuous learning and improvement within the practice.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not addressed shortfalls identified in the two clinical audits we reviewed at our March 2015 inspection. These audits related to osteoporosis and minor surgery. This did not ensure the effective use of completed clinical audits to demonstrate improved outcomes for patients.</p> <p>This was in breach of regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to provide the Regulated Activity of surgical procedures at or from Ashfield Medical Centre in accordance with the Health and Social Care Act 2008 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>A notice of decision was served on 3 March 2016 and the provider was stopped from carrying on surgical procedures with immediate effect and to comply with the imposed conditions.</p> <p>These conditions stated the:</p> <ul style="list-style-type: none"><li>• senior GP must not carry on any surgical procedures with immediate effect from 3 March 2016.</li><li>• clinicians who carry out surgical procedures at the practice must have appropriate and up to date training in carrying out those procedures and an audit of patients who have had minor surgery since 01 February 2015 must be carried out.</li></ul> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>