

# Ashfield House - Annesley Woodhouse

## 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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



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 Ashfield House - Annesley Woodhouse on 10 March 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice inadequate for providing safe services, and required improvement for providing effective and well led services. It was good for providing a caring and responsive service.

It was inadequate for providing services for people whose circumstances may make them vulnerable and required improvement for providing care to the other five population groups we inspected as a result of the findings in the five domains which applied to all population groups.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For

example, safeguarding systems in place were not robust enough and appropriate recruitment checks on staff had not been undertaken prior to their employment.

- Risks to patients were not fully assessed and well managed. For example actions identified to address concerns with infection control, and health and safety practices had not been appropriately reviewed and addressed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

However, we found limited assurance to demonstrate shared learning from complaints, incidents and significant events amongst all staff.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Some clinical audits had been carried out but we saw limited evidence to demonstrate that audits were completed cycles and driving improvements in performance to improve patient outcomes.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, but these needed reviewing.
- The practice had limited governance arrangements to ensure that risks were identified, assessed and managed effectively. Staff feedback had not been proactively sought to secure improvements in the service.
- 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 generally found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had proactively sought feedback from patients and had an active patient participation group (PPG).

The areas where the provider must make improvements are:

- Ensure systems for assessing and monitoring the quality and safety of service provision are effective by; carrying out completed clinical audit cycles, including for minor surgery in order to monitor the quality and safety of services and to drive improvements in patient care.
- Ensure there are formal governance arrangements in place with evidence to demonstrate these are effective and staff are aware how these operate.
- Ensure there are mechanisms in place to seek feedback from staff to enable the provider to form an opinion about the quality of the services provided.

- Ensure there are effective systems in place to ensure risks to patients, staff and visitors are identified, assessed and managed appropriately. This includes the following areas; safeguarding, significant event investigation and analysis, infection control, fire safety and health and safety checks.
- Ensure there are effective policies in respect of recruitment. This includes ensuring that all staff records contain information and documentation to demonstrate that staff are suitable to work with patients before they start working at the practice.
- Ensure up to date records are kept in respect of the management of regulated activities. This includes ensuring there are appropriate policies, procedures and guidance available to all staff to support them in carrying out their role.

In addition the provider should:

- Improve processes for making appointments and availability of non-urgent appointments.
- Review the system in place for complaints handling and investigation to ensure the most appropriately qualified member of staff undertakes the investigation and analysis of the information.

On the basis of the ratings given to this practice at this inspection, we will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will place them into special measures

**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 inadequate for providing safe services and improvements must be made.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Risks to patients who used services were not always assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example concerns found were in relation to safeguarding vulnerable adults and children, recruitment, infection control, fire safety and health and safety checks. Therefore, patients were at risk of harm because systems and processes in place were not sufficiently robust to keep them safe.

Inadequate



### Are services effective?

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

Data showed most patient outcomes were comparable to the average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely on most occasions. Staff worked with multidisciplinary teams in the assessment and care planning of patient's needs. This included assessing capacity and promoting good health.

However, we saw limited evidence to demonstrate that clinical audit was driving improvement in performance to improve patient outcomes. Most staff had not received appraisals and there was no evidence of personal development plans for all staff.

Monitoring systems for minor surgery were not suitable and included written consent not always being obtained for procedures and relevant clinical audits not being undertaken. The recall system needed strengthening to ensure patients were invited to attend their annual reviews before the financial year end.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

Data from the national patient survey and the 2013/14 practice survey showed that patients rated the practice higher than others for several aspects of 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 their confidentiality. Information to help patients understand the services available was easy to understand. Staff supported patients to cope emotionally with their health and condition. Care planning arrangements for patients was an identified area of improvement.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Most patients we spoke with said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Data from the national patient survey and practice service showed mixed patient reviews in relation to the booking and appointment system; the practice reviewed this on an on-going basis.

The practice had made reasonable adjustments where possible to ensure facilities were equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand. However, learning from complaints was not always responded to in a timely way and reviewed regularly to ensure shared learning had taken place amongst all staff.

Good



## Are services well-led?

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

The practice had a vision and a strategy and most staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management on most occasions.

Succession planning arrangements and governance meetings were limited; and this impacted on the ability of the practice leadership to effectively review and assess the quality and safety of their performance and risks affecting the service.

Requires improvement



# Summary of findings

The practice had a number of policies and procedures to govern activity, but some of these were overdue a review, others were limited or missing.

The practice proactively sought feedback from patients and had an active patient participation group (PPG). Staff had received inductions but most non clinical staff had not received regular performance reviews and / or appraisals within the last twelve months.

We found very limited input to demonstrate that non-clinical staff were involved in the development of practice services. Some of the staff did not attend the meetings and felt the concerns they raised were not always acted on in a timely way.

# 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. Although the provider was rated as good for caring and responsive, they are rated as inadequate for the safe domain, and require improvement for effective and well led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered proactive care to meet the needs of the older people in its population and had given an undertaking to try and see as many older patients as they could. It undertook a large number of home visits to older patients and longer appointments were available when needed. This was acknowledged positively in feedback from patients and care home managers we spoke with.

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. Although the provider was rated as good for caring and responsive, they are rated as inadequate for the safe domain, and require improvement for effective and well led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

A lead GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

The practice maintained registers for people with long term conditions and used this information to invite patients for a structured annual review to check that their health and care needs were being met.

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 and worked to prevent avoidable admissions into hospital.

The practice performed well compared with others in the CCG in relation to unplanned hospital admissions and attendances at accident and emergency (A&E). Care planning arrangements for patients was an identified area of improvement.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. Although the provider was rated as good for caring and responsive, they are rated as inadequate for the safe domain, and require improvement for effective and well led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk needed strengthening to ensure they were safe and their health was maintained. For example, children and young people who had a high number of A&E attendances or who had a high number of similar injuries over a period of time.

We saw insufficient documented evidence to demonstrate good examples of joint working with midwives, health visitors and school nurses. However, the health professionals we spoke with reported good working arrangements with the practice. Immunisation rates were high for all standard childhood immunisations.

Family planning services were provided and appointments were available outside of school hours. The premises were suitable for children and babies.

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). Although the provider was rated as good for caring and responsive, they are rated as inadequate for the safe domain, and require improvement for effective and well led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Extended opening hours were offered on a Wednesday morning at the practice; and local Kirkby practices were running extended hour's services on a Wednesday evening and Saturday morning as part of the Prime Minister's challenge fund pilot programme.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. Although the provider was rated as good for caring and responsive, they are rated as inadequate for the safe domain, and require improvement for the effective and well led domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified people with learning disabilities, mental health needs, single parents and immigrants as people whose circumstances may make them vulnerable. There were 45 patients with a learning disability on the register and about 20% of these had received an annual health check.

We were concerned about this as the Royal College of GPs made patients with a learning disability a clinical priority from 2010-2012 in recognition that people with a learning disability are not getting equal access to healthcare.

Regular health checks are essential to ensure there are no changes to the health of patients with learning disabilities as the confidential inquiry into the premature deaths of patients with learning disabilities identified that this group of patients experienced poorer health and died younger than others. The practice acknowledged the delay in these reviews being undertaken and intended to complete most of them by 31 March 2015.

The practice told us any specific safeguarding concerns were documented in the patient records and not minuted. However, we found some clinical staff had no awareness of the outcome of safeguarding meetings with the health visitor.

Staff knew how to recognise signs of abuse in vulnerable adults and children, but some were not aware of their chaperone responsibilities.

The practice offered longer appointments for people within this population group and made arrangements for patients to be seen at quieter times to help prevent anxiety. Patients were told about how to access various support groups and voluntary organisations.

Inadequate



## 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). Although the provider was rated as good for caring and responsive,

Requires improvement



# Summary of findings

they are rated as inadequate for the safe domain, and require improvement for effective and well led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia. Feedback from care home managers showed the practice carried out advance care planning for patients with dementia.

Some staff had received training on how to care for people with mental health needs. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

One of the GP partners was a Section 12 approved doctor in respect of the Mental Health Act. A Section 12 approved doctor undertakes further training to enable them to assess patients' mental health with a view to expressing their opinion about whether a patient needed to be detained in hospital for treatment.

There were 45 patients on the mental health register and of these 25 were eligible for a comprehensive care plan in line with their Care Programme Approach. 16 of these patients (64%) had their care plan completed.

The practice had five patients prescribed lithium as treatment for their mental health. Lithium is a medicine which needs regular monitoring to ensure this remained a safe and suitable prescription. All of the five patients had received blood tests and other monitoring to ensure the medicine was safe for them.

# Summary of findings

## What people who use the service say

During our visit we spoke with 15 patients including three members of the patient participation group (PPG). All patients were complimentary about the care and treatment they received. They said most staff treated them with dignity and respect and their assessed care needs were met. They also said suitable arrangements were in place to obtain repeat prescriptions, receive health checks and a convenient appointment with the GP or nurse.

Members of the PPG spoke positively about the working arrangements with practice staff to ensure a positive patient experience. We looked at the practice patient surveys for the last two years. We saw the practice had made changes to the way it delivered services as a consequence of the feedback from the survey. These included securing funding from the practice for the development of leaflets and newsletters and participation in local PPG networking events.

We left comment cards at the practice before our inspection for patients to complete to let us know what they thought about the service, we received one completed comment card which indicated the patient felt they were treated with dignity and respect.

We looked at the most recent results from the national GP survey results published in January 2015. 271 surveys were sent out to patients and 112 were returned which is a 43% response rate. The survey identified the following areas where the practice performed better than other practices in the local area; patients were usually able to see or speak to their preferred GP; the last nurse they saw or spoke to was good at giving them enough time and patients said they had confidence and trust in the nurse.

The practice did not score as well as others in the local area in respect of; the time patients waited for their appointment to start; the percentage who said the receptionists were helpful and the percentage of patients who would recommend the practice to someone new in the area. The latter result was in spite of extremely high levels of reported satisfaction in relation to how GPs and nurses treated patients and involved them in their care and treatment.

## Areas for improvement

### Action the service MUST take to improve

- Ensure systems for assessing and monitoring the quality and safety of service provision are effective by; carrying out completed clinical audit cycles, including for minor surgery in order to monitor the quality and safety of services and to drive improvements in patient care.
- Ensure there are formal governance arrangements in place with evidence to demonstrate these are effective and staff are aware how these operate.
- Ensure there are mechanisms in place to seek feedback from staff to enable the provider to form an opinion about the quality of the services provided.
- Ensure there are effective systems in place to ensure risks to patients, staff and visitors are identified, assessed and managed appropriately. This includes the following areas; safeguarding, significant event investigation and analysis, infection control, fire safety and health and safety checks.
- Ensure there are effective policies in respect of recruitment. This includes ensuring that all staff records contain information and documentation to demonstrate that staff are suitable to work with patients before they start working at the practice.
- Ensure up to date records are kept in respect of the management of regulated activities. This includes ensuring there are appropriate policies, procedures and guidance available to all staff to support them in carrying out their role.

# Summary of findings

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

- Improve processes for making appointments and availability of non-urgent appointments.
- Review the system in place for complaints handling and investigation to ensure the most appropriately qualified member of staff undertakes the investigation and analysis of the information.

# Ashfield House - Annesley Woodhouse

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included an Inspection manager, GP, practice manager and an expert by experience.

## Background to Ashfield House - Annesley Woodhouse

Ashfield House provides primary medical services to 5,872 patients in Kirkby-in-Ashfield. The majority of patients registered at the practice are between the ages of 18 and 75 (working age, students and recently retired) and this group of patients account for 74% of those registered patients. 9% of patients are over 75 years and include patients resident in car homes. Data from Public Health England shows that the percentage of children and older people affected by income deprivation is higher than the England average in the practice area.

The practice operates from a single location: 194 Forest Road, Kirkby-in-Ashfield, Nottingham, NG17 9JB. Services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery. The practice holds a General Medical Services (GMS) contract to deliver essential primary care services.

Ashfield House is registered with the Care Quality Commission (CQC) as a partnership between four GPs, but changes are being made to reflect the current ownership of the practice.

The practice currently has two GP partners and two salaried GPs of whom two are female and two are male. The GPs represent a whole time equivalent of 3.25 GPs serving the practice population. This equates to 20 - 22 sessions being currently available each week.

The nursing team comprises of a nurse prescriber, a practice nurse, one senior healthcare assistant and a phlebotomist. The nursing team represent a whole time equivalent of 2.2 staff serving the practice population.

The clinical team are supported by a practice manager, an assistant practice manager, a reception manager and seven administrative and receptionist staff; a whole time equivalent of eight staff. The practice also employs two part time domestic staff.

The practice have opted out of providing out-of-hours services to their own patients and there was information on the website and on the practice answer phone advising patients of how to contact the out of hours service outside of practice opening hours. The out of hours service is provided by Central Nottinghamshire Clinical Services (CNCS).

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. 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.

# Detailed findings

This 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.

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.

## 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)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. This included NHS England, and the Mansfield and Ashfield Clinical Commissioning Group (CCG). We reviewed the policies, procedures and other information the practice provided before the inspection.

We carried out an announced visit on 10 March 2015. During our visit we spoke with a range of staff (three GPs, one nurse, one healthcare assistant and six reception and administrative staff including the practice manager). We spoke with 15 patients who used the service, three of whom were members of the patient participation group (PPG). 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 observed how people were being cared for and reviewed the practice records. We left comment cards where patients and members of the public could share their views and experiences of the service and we received one completed card. After our inspection we also spoke with six managers for care homes for older people, people with mental health needs, dementia and learning disabilities as well as a health visitor.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety; however our findings showed a safe track record was not always maintained over the long term. For example complaints were used to identify risks to patients but records we saw showed they were not reviewed to identify patterns in a timely way, or used within staff appraisals to ensure learning had taken place.

There had been complaints about waiting times for appointments, late night home visits not being undertaken, and about the specific clinical care of some patients. Meeting minutes we saw showed complaints were shared with some staff at team meetings and were acted on to improve the service for patients, though not all staff were involved in this process.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, we saw four reported incidents recorded in the accident book that had been dealt with appropriately and national patient safety alerts were disseminated electronically to all clinical staff by the practice manager.

Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were tasked to all relevant staff to ensure they were aware of any that were relevant to the practice and where they needed to take action.

### Learning and improvement from safety incidents

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 18 months. Significant events were a standing item on the practice meeting agenda and we found seven significant events had been recorded within the last 12 months. Staff including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

The system in place for reporting, recording and discussing significant events was not always effective. For example, each significant form we reviewed identified a member of staff responsible for monitoring the required actions and a

case review date. However, there were limited records or meeting minutes to demonstrate that agreed actions to address the significant events had been discussed with all staff.

A review of records and discussions with staff also indicated there were identifiable patterns to some significant events which evidenced that agreed actions had not always been embedded in practice.

The system in place to learn from incidents in an open and transparent manner was not robust and consistent. For example, in some cases we saw evidence to demonstrate that safety incidents had been discussed at practice meetings in order to learn lessons and improve the service, but in others this was not done.

One example of a complaint regarding concerns about the clinical care of a patient had not been appropriately investigated as a significant event and as a result, the process to disseminate learning to the relevant clinical staff had not taken place in timely manner. Some staff we spoke with told us they had not been involved in significant event discussions although they were provided with relevant information to improve their practice.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults but these were not effective. For example: GPs did not always use the required codes or alerts on their electronic case management system to ensure risks to children and young people were clearly flagged and reviewed. This did not ensure that all staff were aware of any relevant issues when patients attended appointments; for example children looked after in care and / or subject to child protection plans.

There were no available records provided when requested to evidence that formal meetings were held with partner agencies in relation to safeguarding children and vulnerable adults. The attached health visitor we spoke with told us meetings were held at least every six to eight weeks with the lead safeguarding GP and informal discussions were held when needed / weekly.

However, formal meeting minutes were not maintained and separate entries were entered by the GP and the health visitor to the relevant patient records. There was no clear system in place to record information gathered from this



## Are services safe?

meeting to ensure that all GPs had an overall view of patients subject to safeguarding concerns. Some clinical staff we spoke with had no involvement with the health visitor or awareness of safeguarding meetings and their outcome.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

We looked at training records which showed most staff had received relevant role specific training on safeguarding. The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children, but all GPs were identified as leads in the practice protocol which had been reviewed in November 2014. As a result not all staff identified the same person as leading on safeguarding issues but all staff said they would speak to a GP if they had a safeguarding concern.

There was a poster in the waiting room noticeboard and in consulting rooms informing patients that they could request a chaperone. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The chaperone policy in place was not very detailed and did not provide clear guidance to staff about how to undertake the role safely and effectively.

We found although receptionists had undertaken training not all staff fully understood their responsibilities when acting as chaperones; including where to stand to be able to observe the examination. We were told that reception staff would act as a chaperone if nursing staff were not available; however appropriate criminal record checks and / or risk assessments had not been completed for some of the staff expected to undertake these duties.

### Medicines management

We checked vaccines stored in the treatment rooms and medicine refrigerators and found improvements were needed to ensure that medicines were stored securely. This was in relation to the key of the fridges potentially being accessible to unauthorised staff. Staff working at the practice assured us that they would amend the policy and

practice to ensure that vaccines were stored securely. There was a clear process for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a system in place for the management of high risk medicines such as lithium, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

A pharmacist from the clinical commissioning group supported the practice in areas of medicines management including a review of prescribing data and audits. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

### Cleanliness and infection control

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We observed the premises to be visibly clean and tidy. We saw that cleaning records were kept for most areas in the practice to confirm completion of daily and weekly cleaning duties. Notices about hand hygiene techniques were displayed in treatment rooms, staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

However, we found infection control practices were not reviewed regularly and improved on when needed. For example, the most recent infection control audit was carried out on 14 July 2008; and the action plan had not been reviewed to ensure all remedial actions had been



## Are services safe?

completed by the target date of August 2008. We were told that an annual internal audit was undertaken but records to confirm this were not available at the time of inspection and when requested within 48 hours of our inspection.

We saw records that confirmed an external company had undertaken a water hygiene risk assessment in August 2012. The report highlighted the need for the practice to maintain records of water testing to reduce the risk of infection to staff and patients. The practice could not provide us with evidence to show that this had been put into place and that a policy was in place to guide staff in the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).

The new practice manager told us they had downloaded guidance in relation to the control of legionella bacteria in water systems from the Health and Safety Executive (HSE) website. However this was yet to be implemented within the practice. The HSE is the national independent watchdog for work-related health, safety and illness.

We observed the outside clinical waste bins were not locked or fixed and there was no assessment of the risk this may present when the gates to the practice were unlocked. This was shared with the practice staff that ensured the clinical waste bin was locked before we completed our inspection.

An infection control policy and supporting procedures were available for staff to refer to but this did not cover the practical information staff may need to guide them; for example effective hand washing and dealing with needle stick injury. Staff we spoke with knew the procedure to follow in the event of a needle stick injury. We saw there was personal protective equipment including disposable gloves, aprons and coverings available for staff to use in each clinical area and staff were able to describe how they would use these to minimise the risk of infection.

All staff received infection control training specific to their role during their induction. However, records reviewed did not show that annual updates were provided in line with the practice policy. For example, the most recent staff training in hand hygiene and infection control had been completed in October 2011; and we saw no evidence to confirm that the lead for infection control had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales.

### Staffing and recruitment

There was no recruitment policy in place to guide senior leaders about how to safely and effectively recruit staff in line with legal requirements to ensure they were suitable to work with vulnerable people. We looked at five staff files for people employed after the practice was registered with the Care Quality Commission (CQC).

We found there was information / documentation required by law missing from all of these files. Information which was missing included: evidence to show the member of staff was medically fit to perform their duties; information about their immunity to Hepatitis B, full employment histories including suitable criminal records checks through the Disclosure and Barring Service (DBS). This evidence demonstrated there was an ineffective system in place and the provider could not be assured that all staff were fully risk assessed and suitable to work with patients.

The practice staff told us there were current challenges with the availability of GPs and there were between 20 and 22 GP sessions provided each week on average. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place which was planned well in advance for all the different staffing groups, to ensure that enough staff were on duty.

There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager could explain the system in place to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

## Are services safe?

### Monitoring safety and responding to risk

There was a health and safety policy in place but this had not been reviewed since 2013. The system in place to enable the practice to manage and monitor risks to patients, staff and visitors to the practice was not effective. For example, there were no risk assessments in place in respect of fire safety or the safety and suitability of the premises; in spite of the partners acknowledging a number of challenges presented by the environment.

We noted there was a liquid nitrogen container in one of the GP rooms which may present a fire risk. This had not been included in the fire risk assessment and there was not adequate signage to highlight the presence of this chemical to patients, staff and visitors.

The cupboard used to store cleaning products and products subject to control of substances hazardous to health (COSHH) Regulations was not lockable or secured and there was a potential for patients to access this room. In this cupboard we found for example: extremely flammable liquid gas such as ethyl chloride that had expired in 1984, and there was no information on the COSHH items to identify the risks staff would face in using these products and any steps to be taken to ensure their safe use.

We also identified that management records were held in the stock room and could potentially be accessed by people who were not authorised to see them. We raised this with the practice staff to ensure there were no risks of breaches of confidentiality for staff and patients. The practice manager told us plans were in place to put locks on the door by end of March 2015. In one GP consultation room we found some out of date medical consumables such as single use gloves and syringes that had not been disposed to ensure they were not used in the care of patients.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records reviewed showed all staff had received training in basic life support and nurses had received additional training in treating anaphylactic shock. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis, hypoglycaemia and angina. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was identified and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment in October 2012 that included actions required to maintain fire safety but the records we saw did not demonstrate that all necessary actions had been completed to address the issues of concern. We referred these concerns to the Fire and Rescue service. Records showed that staff were up to date with fire training and the last recorded fire drill was undertaken in July 2014.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw evidence to demonstrate that clinical staff were following these guidelines and that new guidelines were discussed at the monthly practice meetings and disseminated.

The staff we spoke with and records reviewed confirmed these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs we spoke with also demonstrated they knew their patient group well and this was confirmed by care home managers we spoke with. Five out of six care home managers we spoke with felt patient needs were assessed and that they received effective care and treatment to meet their needs. Records reviewed showed that regular multi-disciplinary meetings were held to review the health needs of patients who had complex care needs and were receiving end of life care.

Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate. Discrimination was avoided when making care and treatment decisions.

The GPs told us they led in specialist clinical areas such as rheumatology, mental health, diabetes, chronic disease and psychiatry. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. For example, in discussing the clinical findings of monitoring tests for people diagnosed with long term conditions with the advanced nurse practitioner. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

### Management, monitoring and improving outcomes for people

The practice had a system in place for undertaking clinical audits and seven audits had been undertaken in the last 12 months. Five of these audits had been completed by final year medical students and the audits had not been repeated to ensure outcomes for patients had improved.

The audits covered areas such as antibiotic prescribing for patients with upper respiratory tract infections, a review of the treatment pathway for patients with a diagnosis of gout, the use of bone protection medication for patients living in nursing and residential homes, and an audit of annual asthma checks in 17-18 year old patients.

One of the seven audits was a complete cycle where the practice was able to demonstrate the changes resulting since the initial audit. This audit specifically looked at the adherence of GPs to criteria set by the CCG in relation to prescribing and monitoring of disease modifying anti rheumatic drugs (DMARD's), used to treat rheumatoid disease.

We found the audit was clearly written with good performance outcomes relevant to older people and people with chronic conditions. A second clinical audit was undertaken three months later which showed improvement in GP monitoring of relevant patients, in particular improved recall systems for medicines review and a new surgery protocol was developed to support the clinicians. The audit showed evidence of effective care and improvement.

GPs spoke positively about the culture in the practice around audit and quality improvement. However, we found the team was not effectively making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of all clinical staff. Records reviewed showed limited discussions to reflect on the outcomes being achieved and areas where this could be improved.

We also saw that only a few staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and leading on clinical related areas such as medicines management.

The practice participated in local benchmarking run by the CCG and was also a member of the JAKS federated group of eight practices. JAKS refers to the areas covered by the

# Are services effective?

## (for example, treatment is effective)

practices which are Jacksdale, Annesley, Kirby and Selston. The practice took part in a process of evaluating performance data from the practice and comparing it to similar surgeries in the area.

This benchmarking data showed the practice had outcomes that were better when compared with practices in the local area in respect of the number of patients attending accident and emergency services (A&E), and low rates of patients with complex conditions having unplanned admissions to hospital.

The practice partners knew their rates of referral to hospital were higher than other practices in the area but told us they felt it was important that patients had the correct diagnosis. We saw limited minutes from meetings where regular reviews of elective and urgent referrals were made, and that improvements to practice were shared with all clinical staff.

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. For example, 72.6% of patients with diabetes had an annual medication review at the time of our inspection and the practice had met all the 2013/14 minimum standards for QOF in asthma, palliative care and rheumatoid arthritis for example.

The practice worked towards the gold standards framework for end of life care. It had a palliative care register and held regular multi-disciplinary meetings to discuss the care and support needs of patients and their families.

There was a system in place for repeat prescribing. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. For example, we saw evidence to confirm that after receiving an alert, the GPs had reviewed the use of simvastatin and where they continued to prescribe it, they outlined the reason why this was necessary.

Simvastatin belongs to a group of medicines known as statins. It regulates the amount of cholesterol and other lipids made by your body, and helps to reduce the risk of heart and blood vessel disease. The evidence we saw confirmed the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice's performance for antibiotic prescribing had been reviewed in 2013/14 by the pharmacist from the Clinical Commissioning Group (CCG) which indicated this was comparable to similar practices.

The practice had systems in place to monitor clinical outcomes for patients. The practice kept disease registers for patients with long term conditions, mental health needs which were used to arrange annual health reviews. However we found this system and the QOF data showed the invite system was not always effective for some population groups to ensure they received their annual health check including review of medicines and care plans.

For example, we inspected the practice before the end of the QOF financial year and noted that annual health checks and care plans for some population groups such as people with learning disabilities had not all been reviewed in line with contractual agreements. The practice told us these reviews were carried out in the month of March 2015 historically, and most care plans would be reviewed by 31 March 2015.

However, we noted that the QOF data for the last completed year (2013-2014) indicated the practice had only achieved 57.1% in respect of reviews of care plans for patients with a learning disability. At the time of our inspection only nine out of 45 patients (20%) had received their annual health check so far.

We discussed care planning arrangements with the GP partners due to these concerns and they acknowledged this as being an area of continuous improvement and they told us staffing issues had impacted on the delivery of this target. The GPs emphasised that thorough assessments and records of patients health needs were maintained and reviewed, to meet the planning and delivery of patient's individual care.

Meeting minutes reviewed showed staff had discussed ways to improve the invite system, for example inviting patients for reviews based on the month they were born. However, we were not clear from the evidence presented to us that there was a systematic and effective plan in place to achieve this improvement.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support and safeguarding adults

# Are services effective?

## (for example, treatment is effective)

and children. The practice staff had access to protected learning time once a month and two administrators said they had been supported to undertake National Vocational Qualification (NVQ) level 2 in business administration.

None of the non-clinical staff had received any supervision or appraisal in the past year. There was no evidence to show that individual learning needs had been documented or that an action plan had been developed.

We noted a reasonable skill mix among the doctors with one being approved under Section 12 of the Mental Health Act to assess patients experiencing mental ill health and to see if they needed to be detained in hospital.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We also noted that publically available information recorded on a professional body's website related to a clinician employed at the practice and action had been taken to manage identified poor performance.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines, cervical cytology. Those with extended roles such as supporting patients with a diagnosis of chronic obstructive pulmonary disease (COPD is a respiratory disease) or diabetes were also able to demonstrate that they had appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The system involved relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received.

The GP who saw these documents and results was responsible for the action required but there was a

significant backlog of items waiting to be added electronically to the patient record. The practice manager explained this had been caused by unplanned staff absence and that information had been reviewed by the GP and appropriate action taken. All staff we spoke with understood their roles and the system.

The practice held monthly integrated care multi-disciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs, patients with dementia, or at risk of falls. These meetings were attended by district nurses, community matron, mental health worker and the palliative care team.

The records demonstrated that the purpose of the meeting was to co-ordinate care to ensure that patients could avoid being admitted to hospital. GP partners felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice had made 179 of referrals last year through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record (SystemOne) to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital or from times when patients were seen by another GP out of hours to be saved in the system for future reference. For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E to ensure important information was shared with other health and social care professionals.

### Consent to care and treatment

We found that nursing staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. Training had been provided for all



# Are services effective?

## (for example, treatment is effective)

staff on the Mental Capacity Act in September 2014. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

The practice had drawn up a policy to help staff, for example with making "do not attempt resuscitation" orders. This policy highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Feedback from care home managers we spoke with showed GPs actively supported the care staff, patients and their families in completing "do not attempt resuscitation" orders and decision making for people who lack capacity in relation to their health care needs and treatment.

We were also told that patients with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

There was a practice policy for documenting consent for specific interventions, for example all immunisations. One of the GP partners told us they did not secure a patient's written consent for minor surgery instead they obtained verbal consent. They also told us that a record of this was made in the electronic patient notes including the relevant risks, benefits and complications of the procedure.

The lead GP confirmed that they did not undertake any audits in respect of the minor surgical procedures to audit the results, any complications and diagnostic accuracy. Audits should be undertaken regularly and used to help evidence a doctor's competence to perform an extended role.

### Health promotion and prevention

We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering

opportunistic flu vaccination for patients whose health placed them at an increased risk of complications from influenza and this led to the practice meeting their targets for these vaccinations. Practice records showed 1556 patients had received the flu vaccination in 2014/15 at the time of our inspection. This accounted for 75% of patients eligible to have the vaccine. This was in line with other practices within the CCG.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help in some areas. For example, NHS Health Checks were offered to all its patients aged 40 to 75 years and it was practice policy to offer an initial appointment to all new patients registering with the practice. Practice data showed that 144 of patients in this age group took up the offer of the health check. The practice nurse and health care assistant told us patients were scheduled for further assessments by a GP if risk factors for a disease had been identified at the health check.

The CCG told us that one of the health challenges in the local area was the number of patients who smoked creating a number of health risks. This was one of the CCG's priority health areas. The practice had identified the smoking status of 95.4% of patients over the age of 16. The practice data showed that 68.5% had been offered support or treatment for smoking in the previous 24 months; and 79.8% had been referred to a specialist for support, assessment and treatment.

Similar mechanisms of identifying 'at risk' groups were used for patients who were receiving end of life care. These groups were offered further support in line with their needs. The practice's performance for cervical smear uptake was currently 82.8%, which was better than others in the CCG area where performance was between 70% and 80%. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and a named person responsible for following up patients who did not attend screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all but one (meningitis c) immunisations was above average

## Are services effective? (for example, treatment is effective)

for the CCG. One of the nurses had taken responsibility for implementing the grid system for childhood vaccines to highlight which vaccines children needed and had not received.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the practice's 2013/14 survey and the national GP patient survey published in January 2015. The evidence from all these sources showed most patients were satisfied with how they were treated and this was with compassion, dignity and respect. For example, the practice survey results showed 88.8% of patients felt they were always treated with dignity and respect.

The January 2015 national patient survey results showed the practice was performing in line with other local practices for most of its satisfaction scores on how GPs and nurses working at the practice responded to them. For example, out of 112 practice respondents: 83% said the last GP they saw or spoke to was good at treating them with care and concern and 86% said the GP gave them enough time. 95% of respondents said the last nurse they saw or spoke to was good at giving them enough time and 92% said the nurse was good at listening to them.

We spoke with 15 patients including three members of the patient participation group (PPG). 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. Patients told us the practice offered a very good service and most staff were helpful and caring.

We found the practice had arranged for customer service training for receptionists in April 2015 to address concerns regarding staff attitudes. This was also in response to the national patient survey results which showed 69% of respondents found the receptionists at this surgery helpful which was below the Clinical Commissioning Group (CCG) average of 87%.

Only one patient completed a CQC comment card to tell us what they thought about the practice. The completed card was positive about the service experienced. The patient told us staff were very caring and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and

dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice patient survey findings highlighted issues of concern about the privacy and confidentiality of information as a result of the limited space available. The practice staff were well aware of the limitations of the premises and were looking for ways of managing this more effectively. This included displaying posters indicating patients could use a private room to discuss confidential information. We saw these posters on display in the reception area.

We saw that staff were also careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice telephone was located slightly away from the reception desk and was shielded by glass partitions which helped keep patient information private.

The practice staff had also taken steps to cover conversations by having the radio playing music to try and prevent patients overhearing conversations. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these. There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

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

The national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment; and generally rated the practice well in these areas. For example, out of 112 practice respondents 83% said the GP was good at listening to them; 75% of practice respondents said the GP was good at involving them in decisions and 84% reported the GP was good at explaining treatment and results. The latter results were above average compared to the CCG area.



## Are services caring?

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive.

Staff told us that the vast majority of patients had English as their first language and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

We spoke with six managers for services providing care to older people, people with long term conditions, learning disabilities, mental health and dementia. The managers confirmed that the GPs actively participated in the care planning arrangements for these population groups including liaising with patient's families and ensuring that patients were involved in agreeing these where possible.

This was supported by the practice's 2013/14 Quality Outcomes Framework (QOF) achievements. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

For example, 96.5% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was above the national average of 86.09%. We however noted that 16 out of 25 patients on the mental health register (64%) had a record of comprehensive care plans at the time of our inspection.

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

Patients were positive about the emotional support provided by the practice and rated it well in this area in the national patient survey. For example, 92% said the last nurse they saw or spoke to was good at treating them with care and concern and 98% had confidence and trust in their GP. Staff told us that if families had experienced a bereavement, their usual GP contacted them or did a home visit. The home visits was at a location to meet the family's needs and the call involved giving them advice on how to find a support service.

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations relevant to the health needs they had. The practice's computer system alerted GPs if a patient was also a carer.

We were shown the written information available for carers to ensure they understood the various avenues of support available to them. The practice undertook an audit to help them identify carers in December 2014 and this identified 132 carers. This information was then used to ensure GPs could provide appropriate guidance, signposting and support to each carer to support them in their role.

The practice staff recognised isolation as a risk factor for older people and therefore provided support to address this in liaison with other professionals such as social workers, district nurses and the community matron. People with long-term and / or multiple health conditions were assessed for anxiety and depression where appropriate; relevant questionnaires were also available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. For example, we spoke with managers at six different care homes and a secure care unit, where patients were registered with the practice. They told us GPs held regular surgeries at the care services and patients were seen promptly when required. Patient needs were reported as being reviewed regularly by the same GPs which ensured continuity of care and treatment.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. For example promoting integrated care amongst health and social care professionals within the area to ensure coordinated care for patients; especially for people with mental health needs. The Mansfield and Ashfield CCG area had very high numbers of patients experiencing mental ill health.

One GP partner was the clinical lead for the local CCG and the other a member of the Nottinghamshire local medical committee. They told us their involvement in these agencies enabled them to gain a wider perspective on service delivery and challenges within the area; therefore informing service improvement to their practice. Examples given included the practice participating in the Prime Ministers Fund challenge to test ways of improving patient access.

We found the needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, the practice provided a wide range of services to meet patients' needs and enable them to be treated locally. These services included routine medical checks, family planning clinics, antenatal care, phlebotomy and immunisations.

Meeting minutes reviewed showed regular multi-disciplinary meetings were held to discuss patients with complex health needs, including people with poor

mental health, learning disabilities or receiving end of life care. This helped to ensure that patients and families received coordinated care and support, which took account of their needs and wishes.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from 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. For example all reception staff will attend customer services training in April 2015 following a number of patient complaints about staff attitude.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services; in particular they had adapted their services to provide better access for older people and working age patients who represented the majority of the patient population. This included: providing home visits for patients who were too unwell to attend the surgery and those in care homes; an online booking system, telephone consultations where appropriate and text message reminder service for appointments and test results.

The practice had a policy in respect of equality and diversity but this had not been reviewed in the last 12 months. Staff we spoke with demonstrated awareness of equality and diversity issues. For example, they informed us they registered patients who lived within their practice boundary irrespective of age, race, culture, religion, disability or sexual preference.

Following our inspection the practice manager confirmed plans were in now place to ensure all staff attended equality and diversity training and that some staff had received this training as part of their national vocational qualifications in customer service and health and social care. The practice had a population of 98% English speaking patients though it could cater for other different languages through translation services.

The premises and services had been adapted to meet the needs of patients' with disabilities as far as possible. The practice was situated on the ground and first floors of the building with most services for patients on the first floor. There was no lift access to the first floor. The partners acknowledged that the premises were not ideal and had

# Are services responsive to people's needs?

## (for example, to feedback?)

tried to make improvements to access by fitting a ramp and ensuring receptionists booked patients with restricted mobility into ground floor rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

### Access to the service

The January 2015 national patient survey results showed mixed patient views in respect of their satisfaction with the appointment system. For example, out of 112 respondents only 58% reported it was easy to get through to the practice on the phone and only 59% described their experience of making an appointment as good. However 82% of respondents said they could get an appointment the last time they tried and 88% said that the last appointment they got was convenient for them.

This feedback was also reflected in the practice's own 2013/14 patient survey. For example, the appointment system was rated fair to very good by 66.4% of the respondents and poor by 29.6%; telephone access was rated fair to very good by 63.49% of respondents and poor by 31.75%. In response to this feedback, the practice staff had adopted a very flexible approach to appointments to meet the needs of patients. For example, extra urgent GP appointments were offered at both the beginning and the end of the day.

Two care home managers we spoke with gave examples of where GPs had undertaken home visits late afternoon / after surgery closing hours in response to urgent appointment requests. They felt the GPs went over and beyond their duty to ensure a responsive service for their patients.

Most patients we spoke with confirmed that they could see a doctor on the same day if they needed to and felt the opening hours were convenient for them. They also said they could see another doctor if there was a wait to see the doctor of their choice. Patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. Although one patient told us they had to wait two working days for an urgent appointment.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If

patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were able to book an appointment in person, by telephone or on line. The practice opening hours were 08:30am to 6:00pm with the exception of Wednesdays when the practice offered early morning appointments between 07:00am and 08:00am as part of their extended hour's contract. The practice's extended opening hours was particularly useful to patients with work commitments.

The practice along with others in the local area took part in a pilot scheme through the Prime Minister's Challenge Fund. The Pilot scheme offered weekend appointments to patients in the locality which they could access through the 111 service. All staff reported this was working well and there were effective processes in place to ensure the patient's named GP knew the patient had needed an urgent appointment.

Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a nurse. Home visits were made to seven local care homes by a named GP wherever possible, and to those patients who needed one. There was availability for appointments outside of school hours for children and young people.

### Listening and learning from concerns and complaints

Patients we spoke with told us they felt listened to and able to raise concerns about the practice. Some of them were aware of the process to follow should they wish to make a complaint, but they had not had cause to do so. We saw that information was available to help patients understand the complaints system. For example, the complaints procedure was available to patients on the practice's website or at the surgery. Staff told us there was a culture of openness and that they were encouraged to raise concerns. However, these concerns were not always acted on in a timely manner.

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were mostly in line with recognised guidance and contractual

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

obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice and this was the new practice manager; although the policy needed to be updated to reflect this.

We looked at the records of complaints received in the last 18 months. These showed that most concerns had been

acknowledged, investigated and responded to in line with the practice's policy. Patients had also been informed of the outcome of their complaint and were offered an apology, where appropriate; although this was not always dealt with in a timely way.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the practice's mission statement and were recorded in the patient practice leaflet. This helped to promote awareness and expectations of quality of care patients were to receive.

The mission statement included: patient centred care based on the principles of dignity, mutual respect and honesty; as well as partnership working between patients and health professionals to ensure continuity of care.

The practice vision was also underpinned by specific aims and objectives aimed at ensuring services were delivered within a culture of continuous improvement. Most of the staff we spoke with understood the vision and values and knew what their responsibilities were in relation to these.

Two of the four practice partners had retired and there was no evidence to demonstrate there was a clear strategy to ensure future sustainability of the leadership of the service. The partners acknowledged they had faced significant challenges due to clinical staffing issues. We found there was no clear contingency planning to mitigate against the significant effects this had on their ability to assess and monitor the quality of the service.

### Governance arrangements

One of the GP partners who worked full time had in the absence of an alternative assumed the vast majority of lead roles including operational ones which could have been delegated to others in the practice team such as infection control and recruitment. We were concerned about the sustainability of this arrangement.

The partner faced significant challenges in maintaining an overview of their lead roles whilst at the same time covering staff absence and ensuring the delivery of their own clinical responsibilities. Our evidence demonstrated that the systems in place to ensure the partners could assess and monitor the quality of the service and identify, assess and manage risks were not effective as their limited resources were stretched too thinly.

There were limited records to demonstrate that regular governance meetings were held to discuss performance, quality and risks. For example, risk assessments and

management plans had not always been carried out and implemented to ensure safe patient care. Some staff we spoke with also had mixed feelings about the effectiveness of this leadership model.

We noted that the GP partner who also assumed the role of the Registered Manager was not in day-to-day charge of the regulated activities carried out by the provider. We were concerned about their ability to meet their legal obligations to ensure the service was delivered safely and to the appropriate standards with such limited availability.

Both of the GP partners acknowledged that succession planning was limited at present due to challenges related to staffing arrangements; therefore the primary focus was ensuring that good care was provided for patients. However the absence of effective systems to enable them to have a clear managerial oversight was impacting on patient outcomes in areas such as safeguarding, infection control and recruitment for example.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. All staff we spoke with knew where to locate the policies and there was a summary of these in the staff handbook.

We looked at 12 of these policies and procedures, and identified some of these needed a review and update. For example, the whistleblowing and equality and diversity policies. In other cases we found there was no policy in place to provide effective guidance to staff, for example recruitment. This shortfall had been identified by the new practice manager with the responsibility for human resource issues. They told us they had plans to review and update the policies after our inspection.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

The 2013/14 QOF data for this practice showed it was mostly performing in line with national standards having achieved an overall 94.6%; but comparatively low QOF outcomes had been achieved in the following areas for example: in the reviews of care and treatment for people with learning disability (57.1%), epilepsy (70%) and dementia (78%).

# Are services well-led?

Requires improvement 

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

QOF data produced on the day of our inspection showed the practice had achieved 86% total points, with 21 days remaining to the end of the financial year. Most of the individual QOF data was above 80% with improvements still required in the reviewing arrangements for some long term conditions. For example, the percentages of patients reviewed with learning disabilities and for asthma, rheumatoid arthritis, mental health were 20%, 77.6%, 76.4%, and 64% respectively.

The practice had an on-going programme of clinical audits which mainly included audits completed by final year medical students. However, this was not effectively used to demonstrate on-going quality improvement and effective care through completed clinical audit cycles.

## Leadership, openness and transparency

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We saw from minutes that team meetings were held regularly, at least monthly. However, these meetings were mainly attended by the GPs, nursing staff, practice manager and office manager; and did not include all administrative staff. This meant there was less opportunity for all staff to take part in the review of the quality of services and how these could be improved.

There was a whistleblowing policy in place which staff were aware of and had been effectively used. Staff told us they felt valued and knew who to go to in the practice with any concerns, but some staff told us that their concerns were not always acted on in a timely manner. Examples given included fire safety action planning and issues of concern raised by patients. Some staff told us only formal patient comments and complaints were recorded, and verbal concerns were not captured with a view to improving the service provided.

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

The practice had an active patient participation group (PPG) comprising of ten regular members. 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. The members met on a monthly basis and included a chair, vice chairperson, secretary and treasurer.

We spoke with three PPG members and they told us the practice leadership was supportive of their role and they

worked well to improve patient care. Examples given included: attending local and national PPG networking events as part of quality improvement work and the practice providing £100 for initial fundraising activities. As a result of this, the PPG had purchased two blood pressure monitors for the practice; as well as toys and books for children in the waiting room.

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. The practice manager showed us the analysis of the annual patient surveys, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

We noted that a quarterly newsletter had been developed in response to patient feedback and this was available for patients to pick up in the reception area. The PPG members told us the newsletter had helped to promote the group's activities and the services offered at the practice.

The practice had gathered feedback from some staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training around chaperoning at the staff away day and this had happened. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

## Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. For example, one GP file we looked at showed they had received an annual appraisal in 2014 and future development plans included involvement in the teaching of medical students. The practice provided placements for final year medical students and at the time of our inspection there were no students.

Non-clinical staff told us the practice was very supportive of training and they had protected learning times where guest speakers and trainers attended. This was supported by the training records we reviewed. However, we found no appraisals had been completed for nursing and administrative staff within the last twelve months to



# Are services well-led?

Requires improvement 

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identify their individual learning needs and personal development plans. The new practice manager told us this had been scheduled on completion of their probationary period.

Reviews of most significant events and other incidents had been completed; however evidence of learning was limited

as we saw that similar incidents were repeated by the same member of staff. This included: home visits and referrals for further investigations not been undertaken timely including adequate record keeping in consultation notes. This did not ensure improved outcomes for patients.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p><b>How the regulation was not being met:</b></p> <p>The provider must take steps to ensure people who use services are protected against the risk of inappropriate or unsafe care due to the lack of effective systems to identify, assess and monitor risks to their health, welfare and safety.</p> <p>This includes: health and safety checks related to the environment and fire and analysis of incidents that have the potential to result harm in patients and ensuring shared learning amongst staff.</p> <p>Regulation 10 (1)(a)(b) (2)(ii)(c)(i)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p><b>How the regulation was not being met:</b></p> <p>The provider must take steps to have suitable arrangements in place to ensure patients are safeguarded from the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it happens.</p> <p>This relates to the recording and sharing of information with relevant staff to ensure awareness of safeguarding concerns and appropriate action to take.</p> <p>Regulation 11 (1)(a) (3)(a)(b)(c)(d)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Compliance actions

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 20 HSCA 2008 (Regulated Activities) Regulations  
2010 Records

**How the regulation was not being met:**

The provider must take steps to ensure patients are fully protected against the risks associated with a lack of proper information in relation to persons employed for the service and the management of regulated activities.

This relates to appraisals for staff, the need to have up to date policies and procedures, meeting minutes relating to the management of the service and records being securely kept.

Regulation 20 (1)(b)(i)(ii) (2)(a).

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations  
2010 Requirements relating to workers

**How the regulation was not being met:**

The provider must take steps to ensure patients are fully protected against the risks associated with the recruitment of staff, in particular the recording of recruitment information and in ensuring all appropriate pre-employment checks are carried out or recorded prior to a staff member taking up post.

Regulation 21 (a) and (b)