Clarence Road Surgery

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Clarence Road Surgery on 22 September 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe and well-led services. Improvements were also required for providing effective and responsive services. The concerns which led to these ratings apply to all the population groups we inspected. The practice was good for providing caring services.

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

- Patients were at risk of harm because the systems and processes in place did not always ensure the safety of people using and / or accessing the service. For example, the premises had not been regularly maintained to protect people from harm and some of the identified actions to address concerns with infection control practices and health and safety had not been implemented.
- The practice premises did not have suitable facilities to treat patients and meet their needs.
- Staff understood and fulfilled their responsibilities to raise concerns and to report significant events and near misses. However, information about safety was not always recorded, monitored, appropriately reviewed and addressed.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Urgent appointments were usually available on the day they were requested. Some patients said they sometimes had to wait a long time for non-urgent appointments and that it was difficult to get through the practice when phoning to make an appointment in the morning.

Summary of findings

- Nationally reported data showed most of the patient outcomes were comparable or above average locally and nationally.
- Clinical audits were driving improvements to patient outcomes.
- Non-clinical staff had received training that was appropriate to their roles and further training needs had been identified and planned.
- However, not all practice nurses were supported with formal supervision and appraisal.
- Information about services and how to complain was available and easy to understand.
- The practice had a virtual patient participation group in place. However engagement was limited to the practice survey, results and discussions around patient demand for appointments.
- The overarching governance framework in place did not always operate effectively or support the delivery of good quality care.

The areas where the provider must make improvements are:

- Ensure action is taken to address identified concerns related to the premises and infection prevention and control practices. This includes staff training, immunisation status and audits.
- Ensure formal governance arrangements are robust and implemented in practice. This includes systems for assessing and monitoring health and safety risks and the quality of the service provision.
- Ensure there is a clear vision, detailed and realistic strategy as well as leadership capacity to deliver all the improvements.
- Ensure all staff are supported with induction, supervision and appraisal.
- Ensure serial numbers are recorded for prescriptions kept in the doctor's bag.

The areas where the provider should make improvement are:

- Ensure all staff undertaking chaperoning duties receive refresher training and are fully aware of their responsibilities.
- Improve processes for phone access and making non-urgent appointments.
- Ensure patient records are scanned and accessible from the electronic system in a timely way.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. 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 take steps to cancel its registration with CQC.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

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

Patients were at risk of harm because they were not fully protected against the risks associated with infection control and unsafe or unsuitable premises. We shared the above concerns with NHS England and the clinical commissioning group (CCG) following our inspection and considered the need to take urgent action to ensure the safety of patients.

As a result of this engagement, the practice was supported to move to a new location on 29 September 2015. All consultations are now undertaken at Lister House Building, 207 St Thomas Road, Derby, DE23 8RJ as an interim measure.

Action plans related to identified health and safety risks were not fully completed or regularly monitored to ensure patients were kept safe. Information about safety was not always recorded, appropriately reviewed and addressed.

Arrangements were in place for managing medicines, although serial numbers for prescription pads kept in the GP bag were not recorded.

Suitable arrangements were in place to safeguard children and adults at risk. Some staff undertaking chaperoning duties were not fully aware of their responsibilities. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Learning from incidents that had occurred had been considered and shared with staff. There were enough staff to keep patients safe on most occasions.

Are services effective?

Requires improvement

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

Suitable arrangements were not in place to ensure that all practice nurses were appropriately supported with induction, training, supervision and / or appraisal. Most non-clinical staff had received training appropriate to their roles and learning needs were identified. We saw evidence of appraisals and personal development plans for some of the staff.

Summary of findings

Data showed mixed patient outcomes with most clinical indicators at / or slightly above average for the locality. Some clinical outcomes such as depression and cancer were below the clinical commissioning group (CCG) average by 23.7% and 28.9% respectively.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it to inform their practice. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Clinical audits demonstrated quality improvement. Staff worked with multidisciplinary teams to ensure the delivery of coordinated care. Information sharing arrangements for patients who had transferred to the practice needed strengthening to ensure accurate records were kept.

Are services caring?

Good

The practice is rated as good for providing caring services.

Feedback from patients about their care and treatment was mostly positive. Most patients said they felt the practice offered a good service and staff were helpful, caring and generally treated them with dignity and respect. This was also reflected in the 2014 practice survey results. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

However, the national patient survey results published in July 2015 showed that some patients rated the practice lower than others for some aspects of care. This included involvement in decision making about the care and treatment they received. For example:

- 64% said the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 87% and a national average of 85%.
- 68% say the last GP they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 84% and a national average of 81%.

Information for patients about the services available was easy to understand and accessible. It was available in English and languages spoken by the majority of the practice population (Urdu and Punjabi). Systems were in place to support carers and those who had experienced bereavement.

Are services responsive to people's needs?

Requires improvement

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

Summary of findings

The current premises were not compliant with the Equality Act 2010 and this did not ensure equal access for patients with disabilities. The GP partners showed us records to demonstrate they had been proactive in seeking alternative accommodation in liaison with external stakeholders. As a result of our inspection and liaison with the CCG and NHSE, Clarence Surgery Road now delivers services from a purpose built building as a temporary measure.

Feedback from most patients highlighted that access to a named GP for routine appointments was not always available quickly, although urgent appointments were available the same day. They also said that it was not easy to make an appointment due to difficulties faced with phone access especially in the morning.

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.

Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised. Patients could get information about how to complain in a format they could understand. We saw examples of good practice where staff had supported patients to make a complaint where assistance was needed due to literacy and / or language barrier. Learning from complaints was shared with staff.

Are services well-led?

Inadequate

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

The practice did not have a clear vision, strategy and supporting business plan in place to deliver high quality care within the existing premises. Staff we spoke with told us moving into suitable premises would improve the delivery of care, patient safety and team morale. Effective systems to assess and monitor the quality of services provided were not embedded to ensure people were kept safe.

We found areas where robust governance systems were not always in place or followed in practice. For example:

- effective systems to assess and monitor the quality of services provided were not embedded to ensure people were kept safe. the practice had not followed their clinical supervision to support the professional development of practice nurses.
- the practice had a number of policies and procedures to govern activity, but some of these were either overdue a review or were not implemented by staff in practice.

Summary of findings

There was a clear leadership structure and most staff felt supported by management. However, some staff did not feel actively engaged in work related to improving service delivery. Engagement with patients included the annual patient survey, family and friends test and the patient comments book.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

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

The practice nurse's treatment room was located upstairs and some of the older people we spoke with felt the premises were not suitable for their mobility. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Nationally reported data showed that outcomes for conditions commonly found in older people were comparable to local and national averages. Staff had a good understanding of the needs of older people from the Asian population group. This included cultural and language differences and the support required in reading and understanding written information.

People with long term conditions

Inadequate

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

Nationally reported data showed 12 out of 20 clinical indicators for people with long-term conditions were at or above the local and national averages. This included care for diabetes, asthma, chronic kidney disease and stroke.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care for people with the most complex needs. These patients were offered a structured annual review to check that their health and medication needs were being met.

Families, children and young people

Inadequate

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

Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.

We saw good examples of joint working with midwives and health visitors. Same day appointments were offered for children under the age of five or in need of urgent medical attention. Afternoon appointments were available outside of school hours.

Working age people (including those recently retired and students)

Inadequate

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

Some of the services offered by the practice had been adjusted to meet the needs of the working age population, those recently retired and students. For example, the practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group. However, screening rates for bowel and breast cancer were below the local and national averages.

- 67.6% of females aged 50 to 70 were screened for breast cancer in the last three years compared to a CCG average of 78.5% and national average of 72.2%.
- 35.2% of patients aged 60 to 69 were screened for bowel cancer in the last 2.5years compared to a CCG average of 61.4% and 58.3%.

The practice offered extended opening hours for appointments on Thursday and Friday, however patients could not book early morning appointments as the GPs started their consultations at 9am.

People whose circumstances may make them vulnerable

Inadequate

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Twenty

Summary of findings

seven patients were on the learning disability register and they had all been offered an annual health check and longer appointments to complete them. Sixteen out of 27 patients (59.26%) had received a health check and had an action plan in place.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Patients were told about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

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

The practice regularly worked with the mental health and psychiatry teams in the case management of people experiencing poor mental health and those with dementia. Patients and their carers had access to various support groups and voluntary organisations. A system was in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

The data we reviewed indicated a variable performance in respect of patients experiencing poor mental health.

- Practice supplied data for 2015/16 showed 17 out of 21 (80.96%) patients experiencing poor mental health had a care plan in place and
- Nationally reported data showed the practice dementia diagnosis rate was 56.4%. This was below the CCG average of 95.6% and national average of 93.4%.

Eight out of 11 staff members had received training on the Mental Capacity Act and deprivation of liberty.

Summary of findings

What people who use the service say

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were largely positive about the standard of care received. Most patients described staff as approachable, caring and helpful; and felt they were treated with dignity and respect. They also felt listened to and were happy with the care and treatment received. Positive feedback also related to support for carers, treatment for children and ease of accessing same day appointments when urgent care was required.

Less positive comments related to: unsuitability of the premises; difficulty in phone access and "long" waiting times to access routine appointments and / or be seen by the GPs. Five of the comment cards contained less positive feedback in respect of reception staff occasionally being rude and unhelpful to patients.

During our inspection we spoke with 18 patients with support from an interpreter. Their feedback was mostly aligned with the comment cards received. Specifically, some patients complimented the clinicians for good care in relation to their diabetes and regular health checks. Some patients were not happy about prescriptions taking three to four days to process and the clinical assessments of their care needs.

Sixty-six responses were received from 454 survey forms sent out as part of the national GP patient survey. This represented a response rate of 15%. The results published in July 2015 showed mixed patient views on the service provided.

- 100% had confidence and trust in the last nurse they saw or spoke to compared to a clinical commissioning group (CCG) average of 98% and a national average of 97%.
- 59% described their experience of making an appointment as good compared to a CCG average of 74% and a national average of 73%.
- 64% said the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 87% and a national average of 85%.
- 49% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 65%.

Areas for improvement

Action the service MUST take to improve

- Ensure action is taken to address identified concerns related to the premises and infection prevention and control practices. This includes staff training, immunisation status and audits.
- Ensure formal governance arrangements are robust and implemented in practice. This includes systems for assessing and monitoring health and safety risks and the quality of the service provision.
- Ensure there is a clear vision, detailed and realistic strategy as well as leadership capacity to deliver all the improvements.
- Ensure all staff are supported with induction, supervision and appraisal.
- Ensure serial numbers are recorded for prescriptions kept in the doctor's bag.

Action the service SHOULD take to improve

- Ensure all staff undertaking chaperoning duties receive refresher training and are fully aware of their responsibilities.
- Improve processes for phone access and making non-urgent appointments.
- Ensure patient records are scanned and accessible from the electronic system in a timely way.

Clarence Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor a second CQC inspector, a practice manager specialist advisor and an interpreter (Punjabi and Urdu).

Background to Clarence Road Surgery

Clarence Road Surgery provides primary medical services to approximately 3,900 patients living in the Normanton, Peartree, Littleover, Sinfin, Sunnyhill, Mickleover, Stenson Fields and Heatherton areas of Derby. The practice population is culturally diverse with over 90% of patients fromAsian or Eastern European backgrounds. The common languages spoken are English (46%), Urdu (27%) and Punjabi (21%). Patients have access to an onsite translator for Urdu and Punjabi; and access to other languages such as Slovakian, Czech and Polish via interpreters.

Clarence Road Surgery is registered to provide: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; surgical procedures; and maternity & midwifery regulated activities from 63-65 Clarence Rd, Derby DE23 6LR.

The clinical team comprises two GP partners, a part-time practice nurse and an advanced nurse practitioner employed on an “ad hoc” basis. The two GPs deliver a total of 18 clinical sessions per week and patients have a choice of seeing a male or female doctor. Both of the GPs are multi-lingual, speaking Punjabi and Urdu. The non-clinical team includes a locum practice manager, an assistant practice manager and eight administrative / reception staff.

The practice is open between 8am and 6.30pm Monday to Wednesday, and 8am to 7.30pm Thursday and Friday. GP appointments are from 9am to 12pm every morning and 3pm to 6pm daily. Extended hours surgeries are offered between 6.30pm and 7.30pm on Thursday and Friday. A range of practice nurse clinic times are offered excluding Wednesday afternoon and all day Friday when no clinics are held.

The practice has opted out of providing out-of-hours services to their own patients. Information available on the website and on the practice answer phone advises patients to ring 111 outside of practice opening hours. Staff told us the out of hours service is provided by Derby Health United (DHU).

Why we carried out this inspection

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

We brought forward the inspection of this service due to concerns received from patients and identified risk from our intelligence. Clarence Road Surgery had not been inspected since their registration on 01 April 2013. They declared four areas of non-compliance with the CQC (Registration) Regulations 2009 and these included: cleanliness and infection control; safety and suitability of premises; supporting workers and records.

Detailed findings

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 visiting, 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, Southern Derbyshire Clinical Commissioning Group (CCG) and Healthwatch. We carried out an announced visit on 22 September 2015.

During our visit we spoke with a range of staff (GPs, practice nurse, practice managers and reception staff) and spoke with 18 patients who used the service with the support of an interpreter. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of 13 patients.

We reviewed 42 comment cards where patients and members of the public shared their views and experiences of the service. We also obtained feedback from four external professionals (community matron, district nurse, CCG pharmacist and care coordinator) who worked closely with the practice.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. We reviewed the practice's accident book, significant events and minutes of meetings where these were discussed. Records showed lessons were shared to improve safety in the practice. For example, as a result of not receiving some prescriptions sent in the post, local pharmacies now pick them up at the practice. People affected by significant events received an apology and were told about actions taken to improve their care.

Reliable safety systems and processes including safeguarding

The practice had suitable arrangements in place to safeguard adults and children from abuse. This included dedicated GP leads who had the necessary training to enable them to fulfil these roles and policies that provided clear guidance for staff if they had concerns about a patient's welfare. Staff we spoke with understood their responsibilities to record and report any safeguarding concerns. Additionally, nine out of eleven staff had received training relevant to their role.

The practice worked jointly with a health visitor and midwife to discuss concerns and follow-up actions relating to children and families. There was a system to highlight vulnerable patients on the practice's electronic records and to monitor their safety.

Notices were displayed in the waiting room and on consultation room doors, advising patients they had access to a chaperone if required. Patients could also book an appointment with a GP of the same gender. All staff who acted as chaperones had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Some staff we spoke with were not fully aware of their responsibilities as a chaperone and the procedures for raising concerns. Additionally, training records reviewed did not evidence that all staff had undertaken chaperoning training to ensure they understood the competencies required for the role.

Medicines management

Most of the arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads used within the practice were securely stored and there were systems in place to monitor their use. However, the serial numbers of all the prescription pads kept in the doctor's bag were not recorded to ensure an audit trail of their use was maintained.

A pharmacist from the local clinical commissioning group (CCG) was attached to the practice. This enabled the regular review of policies, prescribing practices and performance data. We spoke with the pharmacist and they confirmed a positive working relationship with staff and engagement in the prescribing quality scheme. This scheme aims to ensure cost effective prescribing whilst maintaining and improving quality. The 2014/15 data showed the prescribing of antibiotics was the lowest in the local area.

Most of the patients we spoke with were not satisfied with the prescription turnaround times of 72 hours and felt this was a long time to wait. This was discussed with the practice management team who explained that certain local pharmacies had been:

- supplying the majority of patients with multi compartment compliance aids (MCAs) without carrying out an assessment. MCAs are a range of medicine storage devices divided into compartments to simplify the administration of solid oral medication.
- requesting acute medications for patients who did not require them and
- submitting repeat prescription requests on a monthly basis instead of bi-monthly and this has increased the prescription load.

To address this workload, the turnaround times were increased from 48 to 72 hours although patients could still order their prescriptions seven days before their medicines were due to run out. Posters were displayed to inform patients of the change.

Cleanliness and infection control

The provider had identified that all flooring in communal areas was of poor quality carpet. They had replaced the carpet in the upstairs landing and one of the clinical rooms

now had polyvinyl flooring. However, other carpeted areas within the practice had not been replaced. The provider told us quotes to replace the old carpets had been obtained but the carpets had not been bought due to the hope of moving into new premises although there was no clear plan or timescale for this to take place.

On the day of our inspection, the provider had not moved premises and minimal changes had been made to improve infection control practices. For example:

- Nine out of eleven staff members had not received infection control training specific to their role; and two staff members told us they would benefit from this.
- Records provided after our inspection showed the provider had attempted to find infection control training for the infection control clinical lead (one of the practice nurses); and the practice nurse had completed on line training.
- Systems were not in place to check staff immunity and maintain a register of vaccinations such as Hepatitis B and influenza in line with current guidance.
- An infection control audit was undertaken on 06 October 2014 and a number of identified improvements had not been completed. For example, having in place pedal operated waste bins for toilets. This did not assure us that the action plan in place was regularly monitored to address the concerns or that actions which could be easily undertaken had been completed.
- Records provided after our inspection showed the provider had carried out a risk assessment to include Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Unused taps were run for 10 minutes every week, as suggested in the health and safety risk report.
- Although most patients we spoke with told us they always found the practice clean, two patients expressed concerns about cleanliness. We observed the premises to be visibly clean and tidy in most areas and an external company was contracted to undertake regular cleaning of the premises.
- We found two sharps disposal bins were not signed and dated on assembly and locking. We could not be assured the sharps bin had been assembled correctly by an appropriate person to ensure the integrity of the container.

Equipment

Records reviewed showed the practice had suitable arrangements in place to ensure that all equipment was tested and maintained at least annually. We found portable appliance testing for electrical equipment and calibration of medical equipment such as blood pressure measuring devices had been completed.

Staffing and recruitment

The three staff files we reviewed showed appropriate recruitment checks had been undertaken prior to staff employment. This included proof of identification, references, qualifications, registration with the Nursing and Midwifery Council. The appropriate checks through the Disclosure and Barring Service (DBS) were carried out for all staff.

There was a rota system in place for all the different staffing groups to ensure that sufficient staff were on duty to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice. We found this was not always the case when a member of staff undertaking a specific administrative task was absent. For example, we saw a backlog of clinical letters dating back to 26 June 2015 which had not been scanned into patient's records. Although these letters had been reviewed by the GPs, it did not ensure that records could be located promptly when required. The locum practice manager told us they would address this by ensuring staff were multi-skilled to undertake the different administrative functions.

Monitoring safety and responding to risk

We found patients and staff were not protected against the risks associated with unsafe or unsuitable premises due to concerns relating to the design, layout and maintenance of the building. This included a lack of adequate signage to alert patients and visitors of uneven flooring in some of the consultation rooms and non-patient areas. Internal steps were not clearly marked in all the rooms and the risk of falls was not adequately assessed and mitigating actions noted for visitors and patients accessing the service.

Water was seen leaking from the ceiling in one of the treatment rooms during the inspection, and staining indicated this was a recurring problem. The provider told us they would get a roofer to assess the leaking roof on Monday 28 September 2015; and complete repairs within seven working days.

Inadequate

Are services safe?

Some patients and staff told us the premises significantly impacted on the delivery of their care and treatment. For example, the consultation room for the practice nurses was upstairs. Some older patients we spoke with stated it was difficult for them to access the stairs and we observed a patient trying to negotiate the stairs with a walking stick. Staff told us they usually made alternative arrangements for patients to be seen in the ground floor consultation rooms. However, we were not provided with sufficient assurance that this would always be facilitated in order to reduce risks due to the limitation in the number of available rooms.

The GP partners showed us records to demonstrate they had been proactive in seeking alternative accommodation in liaison with external stakeholders. Although minor changes had been made to the building (for example décor, fixture and fittings), a schedule of regular maintenance was not in place to maintain the safety of the building. The practice leased the building and was responsible for maintaining the internal areas of the premises.

We shared the above concerns with NHS England and the clinical commissioning group (CCG) following our inspection and considered the need to take urgent action to ensure the safety of patients. As a result of this engagement, the practice was supported to move to a new location on 29 September 2015. All consultations are now undertaken at Lister House Building, 207 St Thomas Road, Derby, DE23 8RJ as an interim measure.

The practice had contracted an external company to undertake a health and safety audit in March 2015. An action plan was agreed with a time scale of three months to address the identified nine areas. Although some risks assessments had been completed, we found the following main area had not been addressed: implementing a structured monitoring system to ensure associated risks are managed effectively.

A staff member told us of an incident involving a patient with threatening behaviour. A risk assessment had been undertaken but records reviewed showed no evidence of action to prevent similar incidents reoccurring / learning.

Arrangements to deal with emergencies and major incidents

The practice had carried out a fire risk assessment in October 2014 that included actions required to maintain fire safety. Most staff were up to date with fire training and a fire drill had been facilitated on 25 November 2014. However, the fire drill log did not contain sufficient information to evidence the outcome of this drill and that people had been safely evacuated.

Due to concerns we had about the premises and fire safety arrangements we made a referral to the Derbyshire Fire and Rescue Service. They inspected the practice on 24 September 2015 and the outcome of the fire safety audit was considered “broadly compliant”. Staff were provided with advice to address the minor deficiencies found.

Records reviewed showed all staff had received cardio pulmonary resuscitation (CPR) training and staff we spoke with demonstrated awareness of the appropriate action to take in an emergency. The practice had a first aid kit, defibrillator and oxygen available on the premises. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We received concerns from a total of seven patients before and during the inspection in respect of the GPs' ability to carry out an effective assessment of their needs, and to plan and deliver their care. As a result, we reviewed a sample of 13 medical records to assess the quality of care provided. All but one of the 13 records showed the GPs:

- carried out an adequate assessment of the patient's conditions based upon history, clinical signs and appropriate examination
- a working diagnosis was recorded with appropriate investigations and / or treatment provided or arranged
- care and treatment was based upon relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and
- clear and contemporaneous patient records were kept.

We also saw examples of good clinical practice which had resulted in patients being started on relevant treatment in a timely way and early diagnosis of specific long-term health conditions. Feedback received from four patients and one comment card corroborated our findings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Comparative data for 2013/14 showed this practice had achieved a total of 89.2% QOF points which was broadly in line with both the clinical commissioning group (CCG) average and national average. The practice had comparable / above average rates for 12 out of 20 clinical indicators and was an outlier for eight QOF clinical targets. This included osteoporosis, dementia, cancer and palliative care. For example,

- 100% of the QOF points were achieved for conditions such as chronic obstructive pulmonary disease (COPD is a collection of lung diseases), epilepsy, hypertension and rheumatoid arthritis.
- Performance for osteoporosis related indicators was 33.3% which was below the CCG average of 89.5% and the national average of 83.4%. The data also showed a high rate of clinical exception reporting. Our review of patient records showed the clinical judgement for the exception reporting was relevant to the patient, clearly documented and in line with the recommended guidance.
- The dementia diagnosis rate was 56.4% which was below the CCG average of 95.6% and national average of 93.4%.
- Performance for mental health related indicators was 70.1% which was below the CCG average of 93.9% and the national average of 90.4%.

Practice supplied data for 2014/15 showed the practice had achieved 535.15 out of 559 of the total number of points available (95.73%). However, verified and published data reviewed after our inspection showed the practice had achieved 529 out of 559 points (94.6%), with an exception reporting rate of 14.5%. This rate was broadly similar to the CCG average of 11.1% and national average of 9.2%.

However, the exception reporting for some of the individual clinical indicators was significantly high and above the CCG and national average. The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF. For example,

- COPD was high at 50% compared to a CCG average of 11.5% and a national average of 9.8%. This was in relation to the percentage of patients in whom the diagnosis had been confirmed by post bronchodilator spirometry between three months before and 12 months after entering on to the register.
- Dementia was high at 25% compared to a CCG average of 9.2% and a national average of 8.4%. This was in relation to the percentage of patients with a new diagnosis of dementia recorded in the preceding year with a record of specific health checks between six months before or after entering on to the register.

There was evidence of quality improvement including clinical audit.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Records reviewed showed five clinical audits had been undertaken between 2012 and 2015 and three of these were completed audit cycles where the improvements made were monitored.
- Findings were used to improve practice. For example, the practice had undertaken three audit cycles relating to the prescribing of the combined contraceptive pill to consider adherence to local guidelines. Recommendations made as a result of the initial audit were implemented to ensure the pill was prescribed safely and that patient's blood pressures were checked regularly.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data for the practice and comparing it to similar surgeries in the area. For example, the 2014/15 CCG supplied data showed the practice:

- had the third lowest rates for GP referrals per 1,000 patients based on first outpatient attendances.
- emergency admissions were below CCG and national average and
- the practice had one of lowest accident and emergency (A&E) attendances.

The GPs explained this had been achieved through offering patients good access and suitable appointments; as well as their former clinical experience of working in secondary care.

Effective staffing

The provider declared non-compliance with the regulation related to supporting workers when it registered with the Care Quality Commission (CQC) on 01 April 2013. The provider declared they had not been carrying out formal annual appraisals for staff.

We found the learning needs of non-clinical staff were identified through a system of appraisals, meetings and review of practice development needs. Training records showed most staff had received training that included: safeguarding for children and vulnerable adults, cardio pulmonary resuscitation (CPR) and information security.

However, formal arrangements were not in place to ensure that nursing staff were appropriately supported in relation to their responsibilities. For example, records reviewed showed one of the practice nurses had received an induction which covered the practice's policies and procedures, professional development and essential training. However the second practice nurse had not been supported with an induction.

The two practice nurses we spoke with confirmed they had not received one to one formal supervision and appraisal since their employment began. This was not in line with the provider's clinical supervision policy which stated "clinical supervision is mandatory"; and all qualified nursing staff will receive one hours clinical supervision every six to eight weeks, although this time frame will be flexible should clinical supervision be arranged within a group format." The senior GP partner acknowledged this as an area of improvement but indicated clinical staff performance was assessed informally through discussion of specific patient cases and at practice meetings.

The practice did not have an effective induction programme for newly appointed clinical staff which covered the practice's policies and procedures, professional development and essential training such as safeguarding, fire safety and infection control. This did not ensure that staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

Coordinating patient care and information sharing

Staff worked together with other health and social care services to assess and plan ongoing care and treatment for patients. Meeting minutes showed multi-disciplinary team discussions took place at least monthly and that care plans were routinely reviewed and updated.

We spoke with the community care coordinator, the district nurse and community matron who confirmed a good working relationship with the practice staff which ensured patients received good care. In particular, patients at risk of hospital admission, those receiving palliative care and / or patients with long term conditions such as diabetes.

The information needed to plan and deliver care and treatment was mostly available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Relevant information was shared with other services when patient referrals were made.

Requires improvement

Are services effective?

(for example, treatment is effective)

The provider told us some of the medical records were not summarised onto the computerised clinical records at the point of registration with the CQC. We found this had been addressed with 91% of records now summarised.

Consent to care and treatment

The patient records we looked at showed consent to care and treatment had been sought in line with legislation. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.

Health promotion and prevention

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. For example, practice supplied data for 2014/15 showed immunisation rates for the vaccines given to under two year olds ranged from 91.1% to 93.5% and this was slightly below the CCG and national averages. The immunisation rate for five year olds was 94.3% and this was above the CCG and national averages.

Screening rates for breast and bowel cancer were below local and national averages. For example

- 67.6% of females aged 50 to 70 were screened for breast cancer in the last three years compared to a CCG average of 78.5% and national average of 72.2%
- 35.2% of patients aged 60 to 69 were screened for bowel cancer in the last 2.5years compared to a CCG average of 61.4% and 58.3%.

The practice was aware of the contributory factors to the low uptake (practice's inner city location, high levels of deprivation and the cultural diversity of its patients) and was able to evidence the proactive measures taken to address this. For example, the practice promoted screening through posters and leaflets, arranged bowel cancer screening workshops and worked collaboratively with other local practices.

The practice's uptake for the cervical screening programme was 73.4%, which was comparable to the CCG average of 77.7% and the national average of 74.3%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. This included being sensitive to the patient's culture, language and need for support in understanding written literature. Some of the patients communicated in Urdu and Punjabi only; and some could not read.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Thirty six out of 42 patient Care Quality Commission (CQC) comment cards we received contained positive feedback about the service experienced. Patients said they felt the practice offered a good service and most staff were helpful, caring and treated them with dignity and respect. Five of the comment cards contained less positive feedback in respect of reception staff occasionally being rude and unhelpful to patients.

We received five comments relating to the practice from Derby Healthwatch. Two of the comments described the GP and nurse as "okay", one comment stated the lines were engaged when they called at 8am and two comments highlighted difficulties in being able to get an appointment.

We also spoke with 18 patients on the day of our inspection. Most of the patients told us they were satisfied with the care provided by the practice and that their views and wishes were respected.

Results from the national GP patient survey published in July 2015 showed most patients were happy with how they were treated and that this was with compassion, dignity and respect. However, the practice was below average for all its satisfaction scores on consultations with doctors and receptionists. Sixty sixresponses were received from 454 survey forms sent out as part of the national GP patient survey. This represented a response rate of 15%.

Results included:

- 79% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 71% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

Comparable rates were achieved for consultations with nurses.

- 90% said the nurse was good at listening to them compared to the CCG and national average of 91%.
- 90% said the nurse gave them enough time compared to the CCG average and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with told us their 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 most staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was mostly positive and aligned with these views.

Patients we spoke with (Pakistani and Indian ethnicity) appreciated that both of the GPs and some reception staff spoke their language (Punjabi and Urdu), making it easier to express their views and be involved in decisions about their care. Translation services were also available for patients who did not have English as a first language.

The satisfaction scores for the practice's 2014 survey were much higher than the national GP patient survey results with most patients rating the service provided by the GPs and nurses as very good in areas such as: seeking consent, reassurance given, treatment explanations, time allocated, respect shown, listening skills and general care.

Results from the national GP patient survey published in July 2015 showed most patients responded positively to

questions about their involvement in planning and making decisions about their care and treatment. However, survey results were below local and national averages. For example:

- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.
- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

Comparable results were achieved for nurses. For example:

- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Patient and carer support to cope emotionally with care and treatment

A system was in place for staff to record any tasks they had undertaken that was above and beyond their duties to support patients. This enabled staff to reflect and learn from the positive outcomes achieved for patients. For example, records reviewed showed GPs dropped off prescriptions at patient's homes out of hours and reception staff undertook home visits when no alternative contact details were available for patients; and important information about their health needed to be shared.

Patient feedback showed that most staff responded compassionately when they needed help and provided support when required. For example:

- 90% of respondents to the national patient survey said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

We also received seven comments before and during the inspection where some patients felt they were not always listened to and / or had their views and experiences taken into account. This mainly related to the review of specific long-term conditions and / or requests for referrals to secondary care by the GPs. These views were aligned with the national patient survey results. For example,

- 64% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

However, the patient records we looked at reflected these explanations had been clearly recorded and some of the concerns could not be followed up by the GPs as they were shared anonymously. This feedback was shared with the two GPs. They both acknowledged this would be an area they would review including providing patients with detailed explanations as to why some referrals maybe clinically inappropriate.

The practice had identified 56 patients as carers and the practice's computer system alerted GPs if a patient was a carer. Staff told us carers were offered health checks opportunistically and referred to local support groups. Written information was available for carers to ensure they understood the various avenues of support available to them. We also spoke with the community care coordinator who confirmed supporting the carers of patients discharged from hospital to ensure they had all the services and support required to keep the patient from being re-admitted.

Staff told us that if families had experienced bereavement, their usual GP contacted them or visited them in person. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered a range of enhanced services, for example avoiding unplanned admissions and vaccinations. A range of clinics were held for the management of long-term conditions such as asthma and diabetes. The GPs liaised with psychiatrists to ensure people experiencing poor mental health had holistic care plans in place and the delivery of their care was coordinated between primary and secondary care.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- Online services were offered for working age patients.
- There were longer appointments available for patients with a learning disability, those with long-term conditions and experiencing poor mental health.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.

The practice had a virtual patient participation group (PPG) but this was not very active. A 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. There were plans for regular face to face meetings to be resumed in October 2015.

We spoke with one patient who had volunteered to be a PPG member and they planned to work with the practice to better promote the appointment options available and patient education for example. Records showed the practice consulted the virtual PPG about suitable questions for the practice's annual survey and the results.

Tackling inequity and promoting equality

We found the practice population was culturally diverse with over 90% of patients from Asian or Eastern European ethnicities. The common languages spoken were English (46%), Urdu (27%) and Punjabi (21%). Some of the practice staff were bi-lingual, speaking English, Urdu and / or Punjabi. This enabled them to communicate effectively with the patients.

Patients whose first language was not English had access to a translation service and information in various languages. We observed during the inspection that a practice nurse was being supported by an interpreter during consultations; and these individuals were offered extended appointment times to accommodate their needs.

Most staff had completed equality and diversity training. They demonstrated understanding of how cultural differences, religious and equality issues impacted on the delivery of care and treatment for some patients; and the need to make reasonable adjustments.

The premises were not compliant with the Equality Act 2010. For example, the width of some doorways were not wide enough for some people accessing the service and there was no automatic or power assisted doors for use by people in wheelchairs / with disabilities. We also observed a carer experiencing difficulty manoeuvring a wheelchair user within the practice. This did not ensure that people with physical impairments could easily access the service.

These concerns were shared with NHS England and the CCG following our inspection. As a result of this engagement, the practice was supported to move to a new location that had suitable premises for people with physical impairments / disabilities for example. All consultations are now undertaken at Lister House Building, 207 St Thomas Road, Derby, DE23 8RJ as an interim measure.

Access to the service

The practice was open between 8am and 6.30pm Monday to Wednesday; and 8am to 7.30pm on Thursday and Friday. GP appointments were from 9am to 12pm every morning and 4pm to 6pm daily. Extended hours surgeries were offered between 6.30pm and 7.30pm on Thursday and Friday. The practice offered on the day appointments for those patients who have an urgent medical need and pre-bookable GP appointments that could be made up to six weeks in advance.

Patients we spoke with were generally satisfied with the appointments system and confirmed they could see a doctor on the same day if their needs were urgent. However, most patients said there were times when they were unable to get routine appointments when they needed them and experienced an average waiting time of between three and four days to see a GP. Additionally, they

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

said it was difficult to get through by phone especially in the morning and when they got connected staff told them no appointments were available and they were advised to "call back tomorrow".

This was aligned with 11 out of 42 (26.2%) comment cards we received and some of the national patient survey results. For example,

- 56% of patients feel they normally have to wait too long to be seen compared with a CCG average of 38% and a national average of 42%.
- 59% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 49% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%

Comparable rates were achieved for the following areas:

- 98% of patients said the last appointment they got was convenient compared with a CCG and a national average of 92%.
- 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 56% with a preferred GP usually got to see or speak to that GP compared with a CCG and a national average of 60%.

Following patient feedback, the practice was looking into improving the phone system and acknowledged being limited to two phone lines at present. This impacted on patients' ability to get through on the phone and the length of waiting time.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This included a complaints and comments leaflet and information on the practice website. Some of the patients we spoke with were aware of the process to follow if they wished to make a complaint. Staff gave examples of when they had supported patients to make a complaint due to literacy or language barriers; and records we looked at confirmed this.

We looked at seven complaints received in the last 12 months and found these were dealt with and a response was provided to patients where appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a receptionist was provided with additional training following a complaint about how they had greeted and responded to a patient on answering the phone.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

Our overall inspection findings identified some risks to patient safety and these did not promote good outcomes for people. Additionally, the practice did not have a clear vision, a realistic strategy and detailed supporting business plan to address the issues within their power in a timely and effective way in order to protect patients and others from the risk of harm.

The senior GP partner told us the practice vision was to deliver good quality care from suitable premises. The leadership felt the unsuitability of the current practice premises (design and layout) limited their capacity to deliver services to the level they wanted and made succession planning a challenge.

The practice had been proactive in seeking alternative premises in liaison with NHS England and the clinical commissioning group (CCG); but had encountered failed attempts to move over a prolonged period of time. However there was no other plan or vision in place in the event that they were unable to relocate**.**

We identified that the systems in place to review and maintain the premises were not sufficiently robust to mitigate risks associated with the safety of people accessing the premises and / or using the service. These concerns were shared with NHS England and the CCG following our inspection. As a result of this engagement, the practice was supported to move to a new location that had suitable premises. All consultations are now undertaken at Lister House Building, 207 St Thomas Road, Derby, DE23 8RJ as an interim measure.

The mission statement of the practice included the following values: “putting patients at the heart of everything we do; promote patients’ well-being; be open and honest and work as a team.” Staff we spoke with were able to explain their understanding of these values and how they would promote them to provide good care for patients. Staff understanding of the vision was mainly focused on moving to new premises even though no timescale or plan had been identified for this to happen.

Governance arrangements

There was a clear staffing structure and most staff were aware of their own roles and responsibilities. The GP partners had an understanding of the clinical performance of the practice.

However, the overarching governance framework in place did not always operate effectively or support the delivery of good quality care. For example,

- Practice specific policies were not always implemented by staff in practice. This included areas such as infection control, supervision of clinical staff and prescription handling.
- Although most of the policies had recently been reviewed, some needed strengthening to ensure they contained comprehensive information. For example, the recruitment policy in place did not sufficiently detail the information required as specified in Regulation 19 and Schedule 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Records reviewed at the time of inspection showed the whistleblowing policy was last reviewed in May 2013 and the induction programme policy was reviewed 21 March 2014. After the inspection, the practice stated they had reviewed the induction and whistle blowing policies in 2015.
- Significant issues which threatened the delivery of safe and effective care were not always adequately identified or managed. For example, arrangements for identifying, assessing and managing risks, and implementing mitigating actions were not robust and did not keep people safe.
- Clinical audits were used to monitor quality and to make improvements.
- The practice told us they had a virtual patient participation group in place. However it was unclear how the practice engaged with the PPG on an on-going basis except when it surveyed patients and held discussions around the results and patient demand for appointments. The practice told us that they had changed some of the decoration at the practice following the results of the 2014 patient survey.

Leadership, openness and transparency

The partners were visible in the practice and most staff told us they were approachable and took the time to listen to

Are services well-led?

Inadequate

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

them. Monthly team meetings were held and most staff had the opportunity to raise any issues at this meeting. Most staff told us there was an open culture within the practice, and they generally felt respected and valued.

Two staff members we spoke with told us that they did not feel that they were always listened to. For example, they each gave one specific example of when their suggestions to ensure care was delivered in line with recommended guidance and improvements could be made were not understood and acted upon by the leadership.

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

The practice had a virtual PPG which was practice led and not very active. For example, records reviewed showed the most recent meeting was held on 31 July 2013; and we found limited evidence of regular patient involvement. Staff told us the PPG members were contacted by telephone or email to discuss the patient survey each year.

The practice's 2014 annual patient survey showed most patients were generally satisfied with the services provided; with 84 out of 112 patients stating they would recommend the practice to family and friends. Improvements made as a result of patient feedback included repainting some of the internal walls and having blinds in place.

The practice had gathered feedback from most staff through staff meetings, appraisals and discussion. Most staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, not all staff felt involved and engaged to improve how the practice was run.

Management lead through learning and improvement

The two GP partners engaged in clinical commissioning group (CCG) led educational and development sessions for doctors. One practice nurse had been part funded to attend a specialised diabetes course and another practice nurse had received support from a diabetes specialist nurse to improve the care of patients. There was however an absence of formal arrangements in place to ensure the practice nurses were appraised and supported with formal clinical supervision as individuals. The practice nurses did not have formal appraisals but the provider told us informal supervision was provided.

Due to difficulty in recruiting a new practice manager since February 2014, an assistant practice manager was employed. They have been supported by other local practice managers and engaged in the CCG development sessions for practice managers. An experienced locum practice manager has recently been employed to support and train the assistant to take on more responsibility.

We found little evidence of innovation or service development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found nursing staff were not always supported with regular professional development including a structured induction, training, supervision and or appraisals to enable them to carry out their roles and responsibilities. Regulation 18 (2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the registered person did not have effective governance, including assurance and auditing systems to drive improvement in the quality of services provided. This included the following areas: • practice specific policies were not always implemented by staff and some required review. • there was limited engagement with patients to seek their views and the patient participation group (PPG) was practice led with limited engagement. • There was no clear vision, strategy and supporting business plan to deliver high quality care within the existing premises. Regulation 17 (2)(a)(b)(e)(f)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that the premises were safe to use for the delivery of care and treatment. We also found risks associated with infection control and health and safety were not sufficiently assessed, monitored and reviewed to minimise the risk of harm to people using and accessing the service. Regulation 12 (1)(2)(a)(b)(d)(h). **The provider had an existing condition to carry out regulated activities at the sole location Clarence Road Surgery. On 28 September, we took urgent action to vary this condition so that it now reads:** On and after 8am on 29 September 2015, this Regulated Activity may only be carried on, at, or from the following locations • Clarence Road Surgery, 63-65 Clarence Road, Normanton, Derby, Derbyshire, DE23 6LR. • St Thomas Street Surgery, 207 St Thomas Road, Derby, DE23 8RJ. We also imposed an additional condition which reads: On and after 8am on 29 September 2015, no activities involving face-to-face contact with patients shall be carried out at 63-65 Clarence Road, Normanton, Derby, DE23 6LR.