

Crown Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Medical Centre on 29 September 2016. Overall the practice is rated as requires improvement.

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

- Prior to our inspection, the practice had identified the need for effective systems to be developed and embedded to improve the management of patient safety information, significant events and complaints as part of a quality improvement programme. An action plan was in place and we found some progress had been made in mitigating identified risks / concerns.
- We found improvements were still required in respect of reviewing and acting upon patient safety information received from the Medicines and Healthcare Regulatory Agency (MHRA) and NHS Improvement. In addition, the processes for

analysing, reviewing and learning from significant events had not always been undertaken regularly or in a timely way and shared widely with the practice team.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had developed bespoke templates for use by clinicians when assessing or reviewing patient's needs to ensure information gathering was in line with best practice. Some of these had been shared widely with other local GP practices.
- The practice used clinical audit to drive quality improvement within the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team, to deliver effective and responsive care to patients with complex health needs or those living in vulnerable circumstances.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Most patients said they found it easy to make an appointment, with urgent appointments available the same day. However, patients felt continuity of care was not always maintained.
- The practice hosted additional services at Crown medical centre and Farnsfield surgery which provided care closer to patients' homes and reduced the burden on hospital services. This included community based clinics for physiotherapy, musculoskeletal conditions, counselling and podiatry.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and some improvements had been made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Continue to assess and monitor the areas identified in the quality improvement programme to secure improvements. Specifically, ensure that systems and processes are established and operated effectively in respect of managing patient safety information/alerts, significant events and complaints.
- Ensure accurate, complete and up to date records relating to staff recruitment and employment, and the management of regulated activities are maintained.

The areas where the provider should make improvement are:

- Continue to review, monitor and act upon patient experience data to continually drive service improvement. This includes ensuring continuity of care for patients and usage of walk in services by patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Prior to our inspection, the practice had identified the need for effective systems to be developed and / or embedded to improve the management of patient safety information and significant events. This was reflected in our inspection findings.
- The practice did not have an effective system in place to review and act upon patient safety information received from the Medicines and Healthcare Regulatory Agency (MHRA) and NHS Improvement.
- Staff understood the systems in place to report and record significant events. However, the processes for analysing, reviewing and learning from significant events needed to be undertaken regularly and shared more widely with the practice team.
- There were arrangements in place to assess and review risks on an ongoing basis to ensure patients and staff were kept safe. This included safeguarding of children and vulnerable adults from abuse, infection control and health and safety.
- The practice was actively recruiting for additional clinicians and a practice/business development manager to ensure sufficient staffing was in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, the care needs of patients were assessed and delivered in line with current evidence based guidance.
- The practice team used bespoke templates to support the management and monitoring of specific long-term conditions. Some of these templates had been shared with other local practices to promote wider learning.
- The 2015/16 Quality and Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to the local and national averages. The practice had achieved 99.1% of the total number of points available which was marginally above the local average of 98.2% and national average of 95.4%.

Summary of findings

- Clinical audits demonstrated quality improvement and positive steps were being taken to improve this further.
- There was evidence of appraisals and personal development plans for staff employed for over a year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included reviewing the care of patients receiving end of life care and patients at risk of unplanned admissions.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect in their interactions with staff. They also felt involved in decision making about their care and treatment. This aligned with the feedback on comment cards we received.
- The national GP patient survey showed most patients rated the practice in line with the local and national averages for several aspects of care. For example, 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 86% and the national average of 85%.
- The practice had identified 3.5% of its practice population as carers.
- Patients experiencing bereavement were offered a visit and / or received a bereavement letter including information on support organisations.

Are services responsive to people's needs?

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

Requires improvement



- Although regular GP locums were used, feedback from the national patient survey and comment cards received demonstrated that continuity of care was not always maintained. For example, the national GP survey results showed 37% of the respondents usually get to see or speak to their preferred GP compared to a local average of 56% and national average of 59%.
- Benchmarking data showed the practice had higher rates of patients accessing walk in services compared to the CCG average. This was being addressed through use of a triage system, patient education and recruitment of additional clinical staff to increase availability of medical appointments.
- Most patients were satisfied with the opening hours and found it easy to book an appointment. This was aligned with the

Summary of findings

national GP survey results which showed 72% of patients described their experience of making an appointment as good compared to the local average of 70% and the national average of 73%.

- The practice did not have an effective system in place for handling complaints and concerns. This had been identified as an improvement area by the practice prior to our inspection and we saw some documented evidence of complaints being responded to in a timely way and improvements being made as a result.
- Practice staff reviewed the needs of its local population and engaged other agencies to secure improvements to services where these were identified. For example, a pro-active approach to reviewing patients at high risk of hospital had resulted in liaison with the falls prevention service and training being provided for staff working in a care home supported by the practice. This had resulted in reduced emergency admissions.
- A range of services were delivered in a way that met the needs of the practice population. This included chronic disease management, family planning, minor surgical procedures, joint injections and treatment room services.
- The practice hosted a range of community based services to enable patients to receive care closer to home. This included clinics for physiotherapy, musculoskeletal conditions, counselling and podiatry.
- The practice had good facilities and was well equipped to treat patients and meet their individual needs.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Weaknesses in the systems for governance and oversight meant the vision and strategy were not always achieved.
- Prior to our inspection, a quality improvement programme had been initiated to address the main challenges and barriers to good quality care. We found systems in place for managing patient information/alerts, significant events, complaints and audit required strengthening and embedding to ensure they were effective. An audit tool was implemented two weeks after our inspection to support with the improvements.

Requires improvement



Summary of findings

- The management team met regularly to assess and monitor the quality of service provision and to review the progress made in completing agreed action plans. The outcomes from these meetings were shared at the GP partnership meetings held monthly.
- There was a clear leadership structure in place and staff felt well supported by management. Some of the GP partners and nursing staff held strategic lead roles within the clinical commissioning group (CCG) which helped influence and drive improvement in the delivery of patient care within the locality.
- The practice proactively sought feedback from patients and the patient participation group, which it acted on to improve service delivery.
- There was a strong focus on continuous learning, health education, research and improvement at all levels within the practice. The practice team was forward thinking and participated in a number of local pilot schemes to improve patient outcomes.

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 providing safe care, responsive and well led services. The concerns which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- Patients aged 75 years and over had a named GP.
- The practice worked closely with the wider health and social care teams to plan and co-ordinate care to meet patients' needs. This included fortnightly visits (at least) to local care homes, securing falls prevention training for care home staff and reviewing patients at risk of hospital admission at monthly multidisciplinary meetings.
- Staff carried out end of life care planning and routine chronic disease reviews for older people. Data relating to conditions commonly found in older people was comparable to local and national averages.
- The practice offered shingles, flu and pneumonia vaccinations in line with national guidance. About 75% of patients aged 65 and over had received a flu vaccination which was in line with the local average of 74%.
- The practice offered home visits and same day appointments for those with enhanced needs.
- The modern premises were easily accessible to older people and this included ground floor consultation rooms and level access.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe care, responsive and well led services. The concerns which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- Clinical staff had lead roles in chronic disease management. They carried out annual reviews for patients to check their health and medicines needs were being met.
- Patients were invited for reviews during the month of their birthday and systems were in place to follow-up and encourage non-attendees to book appointments.

Requires improvement



Summary of findings

- Patients at risk of diabetes were identified and supported to reduce the risks of developing the condition. The initiation and titration of insulin was facilitated from the practice and one of the lead nurses took part in a local pilot project aimed at improving diabetes care.
- The practice facilitated the use of text-based home monitoring system (FLO) in the monitoring of hypertension, chronic obstructive pulmonary disease, weight management and asthma. This enabled patients to take control of their health.
- The GPs worked with other health and social care professionals to deliver a multi-disciplinary package of care for patients with more complex needs and / or at risk of hospital admission.
- The practice provided a range of onsite services which included blood pressure monitoring, phlebotomy and spirometry (a test used to help diagnose and monitor certain lung conditions).
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as requires improvement for providing safe care, responsive and well led services. The concerns which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- There were systems in place to identify and follow up children at risk of abuse, children who did not attend medical appointments or were at risk of deteriorating health needs.
- We saw positive examples of joint working with midwives, health visitors and school nurses. This included a weekly community midwife clinic for pregnant women and regular safeguarding meetings.
- Immunisation rates for all standard childhood immunisations were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 99% compared to the CCG range of 88% to 98% and the national range of 73% to 95%.
- Requests for same day appointments for children were prioritised and routine appointments were available outside of school hours.
- The practice had baby changing facilities, toys for young children and welcomed mothers who wished to breastfeed on site.
- The practice offered a joint mother and baby appointment to reduce the need for multiple attendances (post-natal appointment for mother and six to eight week baby check).

Requires improvement



Summary of findings

- Family planning services including a variety of long acting forms of contraception were offered.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe care, responsive and well led services. The concerns which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered flexible appointment times and telephone consultations. This included pre-bookable appointments on a Saturday morning (8.30am to 12.30pm) with the GP and nurse.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Patients could sign up for electronic prescribing which enabled them to pick up medicines from their preferred pharmacy.
- The practice also informed patients about services and key information via online services such as twitter and facebook.
- Text messaging was used to confirm appointments and issue reminders.
- A full range of health promotion and screening that reflects the needs for this age group was offered. This included NHS health checks, vaccinations and cancer screening.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe care, responsive and well led services. The concerns which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- People with a learning disability were offered longer appointments and an annual health check. Practice supplied data showed 66 out of 70 patients (94%) had received a review in 2015/16.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients. Information about how to access various support groups and voluntary organisations for carers, those receiving end of life care or experiencing bereavement was available.
- 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.

Requires improvement



Summary of findings

- The premises were suitable for people with a range of disabilities and impairments. This included electronically aided access doors, a disabled toilet, height adjustable couches and all consultation rooms are on ground level.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe care, responsive and well led services. The concerns which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and / or dementia.
- Information was available to patients and carers about how to access various support groups and voluntary organisations.
- About 87.5% of patients with a mental health condition had a documented care plan in the preceding 12 months which was comparable to the local and national averages of 89%.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and some staff had received dementia awareness training. One of the GPs was the designated dementia lead and performed many of the dementia reviews and advance care planning to ensure continuity of care.
- About 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG average of 86% and national average of 84%.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. A total of 309 survey forms were distributed and 120 were returned. This represented a 39% return rate and 0.8% of the practice's patient list. The practice was performing in line with local and national averages for most aspects of care. For example:

- 89% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good which was the same as the CCG and national average.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the compared to the CCG and the national averages of 85%.
- 82% of patients would recommend this surgery to someone new to the area compared to the CCG average of 77% and the national average of 78%.
- 80% of respondents were satisfied with the surgery's opening hours compared to the CCG average of 73% and the national average of 76%.

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and national average of 73%.
- 37% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG average of 56% and national average of 59%.
- 60% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 62% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. Patients described the service as very good and staff were reported to be polite, professional, caring and kind. Less positive comments related to continuity of care.

We spoke with three patients during the inspection including a member of the patient participation group. All patients said they were satisfied with the care they received overall; and less positive feedback related to telephone access and availability of routine GP appointments.

Areas for improvement

Action the service **MUST** take to improve

- Continue to assess and monitor the areas identified in the quality improvement programme to secure improvements. Specifically, ensure that systems and processes are established and operated effectively in respect of managing patient safety information/alerts, significant events and complaints.
- Ensure accurate, complete and up to date records relating to staff recruitment and employment, and the management of regulated activities are maintained.

Action the service **SHOULD** take to improve

- Continue to review, monitor and act upon patient experience data to continually drive service improvement. This includes ensuring continuity of care for patients and usage of walk in services by patients.

Crown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Crown Medical Centre

Sherwood Medical Partnership is the provider of regulated activities carried out at Crown Medical Centre and Farnsfield surgery (branch site). The partnership provides primary medical services to 15 262 patients via a general medical services (GMS) contract commissioned by NHS England and Newark and Sherwood clinical commissioning group (CCG). Several members of staff work flexibly across the two sites.

On our inspection day we visited Crown Medical Centre only. The partnership moved into the purpose-built premises in September 2015; which is mainly accessed by patients living in the Forest town area and adjacent villages in Clipstone. The deprivation score across both sites is higher than the CCG average and lower than the England average. The area covered by the practice is mixed, with some ex-mining communities as well as commuter villages.

The practice is run by a partnership of three GPs (two males and one female). They are supported by four salaried GPs (one male and three females). The nursing team includes five practice nurses including the lead nurse/prescriber, three health care assistants and a phlebotomist (all of whom are female).

The management team includes two location managers for the two sites, a finance manager, a lead secretary, a prescription manager and an estates manager. They are supported by a team of 34 staff undertaking administration, prescription and reception duties.

The practice is an established training practice for GP registrars (a qualified doctor who is completing training to become a GP). A GP registrar was in training at the time of our inspection. The partnership is also a teaching practice and accommodates placements for nursing students.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 September 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, a GP registrar, practice nurses, the location manager, estates manager, reception and administration staff).
- Observed how patients were being cared for and talked with three patients who used the service. This included a member of the patient participation group.
- Reviewed a range of records relating to the management of the service, staff and patients to corroborate our findings.
- Reviewed six comment cards where patients shared their views and experiences of the service.

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

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

- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

Prior to our inspection, the practice had identified the need to strengthen its processes for reviewing and analysing significant events as part of a quality improvement programme. This included holding regular meetings to discuss and review significant events in a more timely way, and sharing the learning more widely with the practice team.

- We found the practice had a significant/critical event procedure in place to define the process for staff to follow. Staff we spoke to told us they were encouraged to report significant events and incidents.
- There was a system in place for reporting and recording significant events. A significant event record form was stored on the practice intranet and this was readily accessible to staff. The completed forms were collated by the secretarial lead and checked to ensure all sections were fully documented and any urgent or remedial action required was raised with the management team.
- The practice had identified 16 significant events within the last 12 months. Records reviewed showed six significant events had been fully investigated, discussed and appropriate action had been taken to mitigate the concerns. Learning was discussed with clinicians, the management team and where relevant the reception team. The remaining 10 significant events had been recorded, reviewed and risk assessed by the management team and any required action to mitigate risks to patient care had been taken. However, discussion at the clinical meetings and / or wider practice team meetings was yet to be completed and this had been planned for future dates post our inspection. We received written evidence following our inspection to demonstrate this had been completed.
- When things went wrong with care or treatment, patients were offered support, explanations and / or apologies where appropriate.

The system in place for managing patient safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) alerts was not effective, and this was acknowledged by the GP partners.

Prior to our inspection, the practice had identified that safety alerts had not been received in the practice for four months and this was raised as a significant event. To ensure duty of candour external agencies such as the clinical commissioning group (CCG) had been informed. At the time of our inspection, we found MHRA alerts were received and circulated to clinicians. Although appropriate action had been taken by individual clinicians, the practice was in the process of introducing a structured process which would ensure that designated clinicians would undertake searches on the clinical system, to identify any affected patients in a timely period and a review of their medicines would be arranged if needed. In addition, discussions relating to patient safety alerts were scheduled as a standing agenda item for the clinical meetings.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There were lead GPs for safeguarding children and adults, and both had received training at the appropriate level in support of these roles. This included child safeguarding level three. The GP leads carried out three monthly reviews on all patients with safeguarding concerns recorded in their notes to ensure protection plans were in place and agreed action had been implemented. The health visitor and school nurse attended regular meetings to discuss any safeguarding concerns related to children and families. Safeguarding policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role.
- Patients had access to chaperones if required and this included clinical and reception staff. Staff we spoke to demonstrated awareness of their responsibilities to safeguard the patient and clinician; and had received chaperone training. Staff who undertook chaperoning duties had received a disclosure and barring check (DBS)

Are services safe?

check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The cleaning was undertaken by an external company and systems were in place to ensure a high standard of cleanliness was maintained. A range of policies were in place to provide guidance to staff and this included sharps and waste management. Staff were supported with infection control training including handwashing techniques. The lead nurse liaised with the clinical commissioning group (CCG) infection prevention team to keep up to date with best practice. An annual infection control audit was undertaken in July 2016 and an action plan completed in August 2016 showed action was taken to address identified improvement areas. Quarterly audits and monthly spot checks of different rooms were also undertaken. The resulting action plans were reviewed at the regular management meetings. The water systems including temperatures were regularly checked to minimise the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Some arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling requests for repeat prescriptions and monitoring uncollected prescriptions. We reviewed the practice's systems for managing high risk medicines and found this was mostly effective. Regular monitoring took place of patients on high risk medicines although this needed to be strengthened to ensure regular searches were undertaken to identify and follow-up patients that were overdue their blood test. This related to two patients on a high risk medicine who should have three monthly tests. Following our inspection, we received written assurances these two patients had their bloods checked by mid-September 2016.
- Quarterly meetings were facilitated with the clinical commissioning group (CCG) pharmacist advisor and

medicines management team to review prescribing data. Medicine related audits were also undertaken to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- A daily log of daily fridge temperatures was kept and records reviewed showed vaccines were stored within the recommended range of between two and eight degrees Celsius.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition.
- Health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. A PSD is a written instruction from a doctor or other independent prescriber for a medicine to be supplied or administered to a named patient.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Some risks to patients were assessed and managed.

- The practice has provided services from the purpose built premises (Crown medical centre) since September 2015. An estates manager had the lead role of maintaining oversight of the safety and suitability of the premises across the two sites (this includes the branch site Farnsfield surgery).
- Risk assessments and regular audits related to the premises, security, health and safety were carried out and reviewed at regular management meetings. Records reviewed showed remedial action was taken to address any identified risks.

Are services safe?

- There were procedures in place for monitoring and managing fire risks to patient and staff safety. This included: a fire risk assessment and management plan; providing fire safety training for staff, carrying out weekly fire alarm tests and fire drills.
- Suitable arrangements were in place to ensure a wide range of equipment was safe to use and working properly. This included portable appliance testing for electrical equipment and calibration of medical equipment.

Staffing

- A rota was used for planning and monitoring the skill mix and number of staff needed to meet patients' needs on a daily basis. This included clinical and non-clinical staff.
- Staff told us they worked flexibly to ensure adequate cover was available to meet patient needs. For example, clinicians would offer additional appointments and the health care assistant hours had been increased in response to patient demand.
- The practice recognised staffing levels could be improved and was actively recruiting for additional GPs, nurses and a practice manager to ensure sufficient clinical and management cover for the two sites (Crown medical centre and Farnsfield surgery). A practice nurse was scheduled to commence employment in October 2016 and one of the location managers was the interim practice manager.

Arrangements to deal with emergencies and major incidents

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

- Staff could alert colleagues to any emergency by using an instant messaging system or panic alarm on the computers they used.
- All staff received training in basic life support, cardio pulmonary resuscitation and / or anaphylaxis.
- Guidelines were also available for staff to enable them to take appropriate action in the event a child was experiencing fever or a patient was suspected to be experiencing stroke or meningitis.
- Emergency equipment was checked regularly and this included a defibrillator and oxygen.
- A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had effective systems in place to ensure that care and treatment was delivered in line with current evidence based guidance and standards. For example:

- Staff had access to the National Institute for Health and Care Excellence (NICE) guidelines.
- The practice had developed bespoke templates for use by clinicians when assessing or reviewing patient's needs to ensure information gathering was in line with best practice. Some of the templates created were specific to the review of cancer, diabetes and covert administration of medicines. The practice had shared its templates with local GP practices to promote wider learning.
- Clinical meetings were also used as an opportunity to discuss new guidance to ensure all staff were kept up to date.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results showed the practice had achieved 99.1% of the total number of points available compared to the clinical commissioning group (CCG) average of 98.2% and the national average of 95.4%.

The practice had an exception reporting rate of 12.7% which was above the CCG average of 11.8% and national average of 9.8%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The 2015/16 data showed:

- Performance for diabetes related indicators was 96.5% which was above the CCG average of 95.4% and national average of 89.8%. The percentage of patients with diabetes with a record of a foot examination and risk

classification was about 87% which was in line with the CCG and national averages of 89%. Exception reporting was about 9% which was in line with the CCG and national average of 8%.

The annual review of patients with diabetes included an initial appointment with a health care assistant or junior nurse for a health check and blood tests. The test results were sent to patients prior to a follow-up appointment with a nurse or GP to review their condition and medicines. This enabled patients to be active partners in the care planning and management of their condition.

- Performance for indicators related to hypertension was 100% which was above the CCG average of 99.4% and the national average of 97.3%. About 86% of patients with hypertension had regular blood pressure tests in the preceding 12 months. This was marginally above the CCG average of 85% and the national average of 83%. The exception reporting rate for this indicator was 7% which was above the CCG average of 6% and the national average of 4%.
- Performance for mental health related indicators was 98.6% compared to the CCG average of 96.1% and national average of 92.8%. A total of 87.5% of patients with a mental health condition had a documented care plan in the preceding 12 months which was marginally below the CCG and national average of 89%. The exception reporting rate for this indicator was approximately 24% which was above the CCG average of 20% and the national average of 13%.
- Performance for dementia related indicators was 100% compared to the CCG average of 99.5% and national average of 96.6%. About 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG average of 86% and national average of 84%. The exception reporting rate was 2% which was below the CCG average of 5% and national average of 4.5%.

The system for reviewing patients with long term conditions had been improved and was based on a patient's birth month. We explored the high exception reporting rates achieved for some long term conditions with the clinical staff. A review of patient records showed the clinicians appropriately documented the rationale for exception reporting. This included contraindications to specific medicines and informed dissent. A flagging system

Are services effective?

(for example, treatment is effective)

was also used within the computer system to alert clinicians to patients who had been exception reported from QOF for informed dissent so that they could be encouraged to book appointments.

Following the recent restructure of the practice and changes in staff, a programme of regular clinical audits was in the process of being developed to ensure quality improvement.

- We reviewed four clinical audits completed in the last two years including one full cycle audit. The audits covered the review of specific medicines, osteoporosis, atrial fibrillation (irregular heartbeat) and anti-coagulation. Findings were used by the practice to improve services. An example of an ongoing two cycle audit included compliance with the Royal College of Physicians guidance on glucocorticoid (a form of steroid) induced osteoporosis. The first audit was undertaken in 2012, the second in 2014 and the third in 2016. Records reviewed showed improvements had been made to patients care and clinicians had acted upon recommendations made from the first cycle. This included clinicians using templates with prompts to check steroid prescriptions, DXA scans, bone protection and age.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice accessed their prescribing data and used it to monitor their performance in collaboration with the CCG prescribing advisor.
- Local benchmarking data for the period August 2015 to July 2016 showed non-elective emergency admissions, accident and emergency attendances and outpatient first attendances were below the CCG averages.
- Quality, innovation, productivity and prevention (QIPP) projects were completed by GP registrars under the supervision of the GP partners. QIPP is a national level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This included the new starter being assigned a buddy to support them in understanding the practice priorities, activities and policies. Induction related training covered topics such as information governance, infection control and health and safety.
- Staff had access to and made use of e-learning and in-house training that was relevant to the scope of their work. This included: safeguarding, records management, customer care and role specific training. For example, clinical staff had additional qualifications and / or interests relating to specific long-term conditions such as diabetes, spirometry, family planning, joint injections and administration of vaccines.
- The management team maintained a personnel database which provided an overview of staff training (completion and renewal dates) and the revalidation for clinical staff. Refresher training was offered periodically or annually to ensure staff had up to date knowledge.
- Staff received ongoing support which included one-to-one meetings, supervision and mentoring. For example, GP registrars were supported with regular debrief sessions where their cases and referrals were discussed. Clinical supervision for the nursing team had recently been introduced although meeting minutes had not been recorded.
- Staff employed for over a year received an annual appraisal which included identifying their learning needs. Staff we spoke to gave examples to demonstrate the support they had received in achieving the agreed goals.
- The practice hosted educational workshops attended by clinical staff. For example, one of the GP partners had facilitated a training workshop for GPs to improve consultation skills regarding end of life care.

Coordinating patient care and information sharing

Information required to plan and deliver care and treatment was easily accessible to staff from the practice's internal computer system. This included care plans, medical records and test results for patients. Information was shared with other services when appropriate and this included referring patients to secondary care or hospital services and the out of hours service. The practice team had also developed templates and integrated letters to

Are services effective?

(for example, treatment is effective)

facilitate efficient working. For example, “the find GP protocol” provided staff with guidance to which GP they should send the letters. A flagging system was also used to prioritise abnormal pathology results.

The practice held a wide range of multi-disciplinary meetings which were attended regularly by the GPs, nursing staff and community based health and social care professionals. The multi-disciplinary meetings included the review and monitoring of patients with complex physical and / or mental health needs, the care needs of the frail elderly or those receiving end of life care. This was also aimed at reducing hospital admissions and ensuring patients received care within their own home or preferred place.

A risk profiling tool for admission avoidance was used to identify patients at high risk of hospital admission, and a bespoke template and integrated care plan was used to capture patient information. This template had been devised by the lead nurse and was used widely within the CCG. Care plans were routinely reviewed and updated and a copy was given to patients. Multi-disciplinary professionals had access to a dedicated telephone line to facilitate good communication regarding patient care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient’s mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient’s capacity and recorded the outcome of the assessment.
- Feedback from local care homes was positive in respect of staff’s knowledge regarding the best interest decision making process and deprivation of liberty.
- We saw that consent forms were recorded for procedures such as minor surgery and the fitting of intra uterine contraceptive devices (coils and implants).

- The practice had a named caldicott guardian (GP) who was able to advise staff on protecting the confidentiality of patient information and enabling appropriate information-sharing.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and offered health assessments were appropriate. For example:

- NHS health checks were offered for patients aged 40–74. Systems were in place to follow-up the health assessment outcomes and checks were made where abnormalities or risk factors were identified.
- Patients with learning disabilities were offered annual health checks. A total of 66 patients out of 70 (94%) had received an annual health check in 2015/16. Four of patients had either not attended or declined a health check as at 31 March 2016.
- Patients at risk of developing a long-term condition were identified. For example, a register was maintained for patients at risk of diabetes and this was reviewed periodically to ensure support was in place to minimise the risks and their health was reviewed.
- The clinical staff supported patients requiring advice on their diet, smoking and alcohol cessation or signposted them to the relevant service.
- Practice supplied data showed the practice had achieved a higher uptake rate for dementia diagnosis and improving access to psychological therapies (IAPT) when compared to the CCG average. The practice had diagnosed 5% of patients aged 65 and over with dementia as at February 2016 and achieved a dementia diagnosis rate of 117.3% when compared with the CCG set target.
- 75% of patients aged 65 and over had received a flu vaccination in line with the CCG average of 74%. In addition, 49% of patients under 65% had received a vaccination compared to the CCG average of 44%.

The most recent nationally published data for cancer was for the year 2015/16. The practice’s uptake for the cervical screening programme was 83% which was above the CCG average of 78% and the national average of 73.5%. This indicator refers to the number of women screened adequately in the preceding 3.5 years (if aged 24-49) or 5.5 years (if aged 50-64). The practice had systems in place for:

Are services effective?

(for example, treatment is effective)

- inviting and reminding patients to attend for their cervical screening test
- ensuring results were received for every sample sent as part of the cervical screening programme and following up women who were referred as a result of abnormal results.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. The practice's uptake rate for:

- Breast cancer screening was 78.5% which was above the CCG average of 75% and the national average of 72%.
- Bowel cancer screening was about 65% which was above the CCG average of 64% and the national average of 58%.

Immunisation rates for the vaccinations given to children were mostly in line with CCG and national averages as at 31 March 2016. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 99% compared to the CCG range of 88% to 98% and the national range of 73% to 95%.

Childhood immunisation rates for the vaccinations given to five year olds ranged from 91% to 100% compared to the CCG range of 92% to 98.5% and the national range of 81% to 95%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain the privacy and dignity of patients' during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received six completed Care Quality Commission comment cards. All patients were mostly positive about the service experienced. Patients felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. One less positive feedback included confidentiality in the reception area not always being maintained.

We spoke with three patients during the inspection including a member of the patient participation group. All patients said they were satisfied with the overall care they received and some patients gave specific examples to demonstrate the support they had received.

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

- 94% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke to told us their health issues were discussed with them and as a result they felt involved in the care and treatment they received. Patients also stated they were listened to, supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. This aligned with patient feedback on the comment cards we received.

Liaison also took place with social care and voluntary organisations to ensure patient needs were met. Feedback received from local care homes indicated the residents received a good service overall. Positive feedback related to effective care planning, involvement of family members in the care of the patient and completion of do not resuscitate forms.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. This included access to translation and / or interpreting services for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Information relating to support groups and organisations was displayed in the waiting area and the practice website. For example, patients could access a local Dementia Café

Are services caring?

at Clipstone Hall and Lodge. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Satisfaction scores for interactions with all staffing groups was in line with the local and national averages:

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 534 patients as carers which equated to approximately 3.5% of the practice list. Carers were signposted to support groups or voluntary agencies and written information was available to ensure they understood the various avenues of support available to them.

The practice had a system in place to ensure that all relevant staff were made aware of bereavements. Notifications of death were received by a member of the administration team and the most relevant GP was made aware to ensure follow-up action was taken. Information was recorded in the patient's notes and a bereavement letter was sent and / or a visit was arranged where appropriate. The bereavement letter included information on support organisations the relatives could access including counselling services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with community based health and social care professionals and other agencies, to secure improvements to services where these were identified. For example, a pro-active approach in reviewing the care needs of older people at risk of hospital admission resulted in the practice identifying a trend in some care home residents sustaining falls and being admitted to accident and emergency (A&E). In response to this, liaison took place with the falls prevention service and related training was provided for staff working at a care home supported by the practice. In addition, extra training was provided for staff working at another care home with residents presenting with poor diabetes control.

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

- The practice hosted additional services at Crown medical centre and Farnsfield surgery which provided care closer to patients' homes and reduced the burden on hospital services. This included community based clinics for physiotherapy, musculoskeletal conditions, counselling and podiatry. In addition, minor surgical procedures and joint injections were performed at the practice.
- Positive outcomes were achieved for patients and this was reflected in benchmarking data as at March 2016. The practice was one of the lowest referrer in orthopaedics and dermatological procedures in the clinical commissioning group (CCG) and this was partly achieved by the clinical expertise within the practice team. For example, one of the GP partners was the CCG lead for musculoskeletal conditions, and they also facilitated joint injection training courses to other local clinicians. Another GP partner had also completed a dermatoscopy course.
- The nurses took a lead role in chronic disease management and the use of a telehealth text messaging service (Florence or FLO) was actively promoted to encourage patients with long term conditions such as hypertension, chronic obstructive pulmonary disease

(the name for a collection of lung diseases) and asthma to take an active role in their health care. FLO links patients' mobile phones to clinicians' computer systems and gives personalised health tips and valuable advice.

- A variety of treatment room services were offered to patients at flexible times to suit their needs. This included early morning and evening appointments for blood tests, blood pressure monitoring, initiation and titration of insulin, spirometry (a test used to help diagnose and monitor certain lung conditions) audiometry (hearing tests), ear syringing and electrocardiogram (an ECG is a simple test that can be used to check a patient's heart's rhythm and electrical activity).
- A minor illness clinic was facilitated by the nursing staff and patients with conditions such as sore throats, eczema and insect bites could be seen.
- The practice offered family planning services including coil and implant fitting (intra uterine contraception devices).
- Postnatal reviews were arranged for mothers at the same time as the baby's eight week physical examination. Breast feeding mothers were able to access a private room when needed and a children's play area with toys was available.
- The premise is purpose built with reasonable adjustments made to ensure people with a range of physical and sensory disabilities and / or impairments are able to access the service.
- A range of appointments were offered including: longer appointments for patients with a learning disability or complex health needs; home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice; and same day appointments for children.
- The practice offered online services for booking appointments, requesting repeat prescriptions and electronic prescribing. The practice also utilised facebook and twitter to communicate key information about services to the patients.
- In addition to printed appointment cards, the practice used the text messaging service for appointment bookings and reminders.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

- Crown medical centre was open from 7am to 7pm Monday to Friday; and GP appointments were generally from 7.30am to 12pm and 3pm to 6pm daily.
- Farnsfield surgery was open from 8am to 7pm Monday to Friday. GP appointments were generally from 8.30am to 12pm and from 2.30pm to 5.30pm daily.

Extended opening hours were offered on a Saturday with pre-bookable appointments available with GPs and nurses between 8.30am and 12.30pm. Crown Medical Centre was open every other Saturday and Farnsfield surgery was open one Saturday a month. A reciprocal agreement was in place with a local practice (Rainworth surgery) to provide appointments the remaining Saturday. This service was particularly useful for patients who could not attend during normal opening hours or during the week.

Feedback from most patients showed they were able to get appointments when they needed them but continuity of care was an issue raised. This was aligned with the national GP patient survey results which showed patient's satisfaction with how they could access care and treatment was mixed. For example:

- 84% of patients were able to get an appointment the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 80% of patients were satisfied with the surgery's opening hours compared to the CCG average of 73% and the national average of 76%.
- 60% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 62% and national average of 65%.

Although regular GP locums were used, feedback from the national patient survey and some comment cards demonstrated that continuity of care was not always

maintained. For example, the national GP survey results showed 37% of the respondents usually get to see or speak to their preferred GP compared to a local average of 56% and national average of 59%.

Benchmarking data for the period August 2015 to July 2016 showed the practice had higher rates of patients accessing walk in services compared to the CCG average. The practice rate was 137 out of 1000 population compared to the CCG value of 57 per 1000 population. In response to this data, the practice explained that patients who contacted the service requesting an urgent / same day appointment were not turned away; instead they were triaged and seen by an advanced nurse practitioner or duty doctor.

The practice proactively looked at ways to maximise the number of GP appointments available. This included recruitment of additional clinical staff to increase availability of medical appointments, increasing telephone consultations where appropriate, and facilitating a sit and wait triage clinic for two days a week for patients with urgent medical problems that require same day consultation. The clinic was run by two nurse practitioners with a health care assistant's support. This enabled more routine appointments to be offered by the GPs.

Listening and learning from concerns and complaints

The practice did not always have an effective system in place for handling complaints and concerns. However, as part of a quality improvement programme, the practice had already identified the need to improve the management of complaints as well as ensure an annual review was undertaken to identify themes and trends. An audit tool was implemented post our inspection to support the improvement.

- We found there were responsible persons who handled complaints in the absence of the practice manager. This included the location managers for the two sites and lead nurse.
- The practice had a complaints procedure which reflected national guidance and information was available to help patients understand the complaints system.
- However, the information in the policy, the leaflet and on the practice website required updating to ensure patients had access to up to date and consistent

Are services responsive to people's needs?

(for example, to feedback?)

information about the complaints process, and external agencies to contact should they need to. The practice assured us this would be rectified post our inspection and we will review this at our follow-up inspection.

We looked at five out of 29 complaints received between December 2015 and September 2016. Records reviewed

showed the practice had responded to the complainants by providing them with explanations and apologies where appropriate. We saw some evidence of complaints being discussed at staff meetings and learning having been identified to improve the quality of care but this had not been done for all complaints received.

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

Sherwood medical partnership is the provider for regulated activities carried out at Crown medical Centre and Farnsfield surgery (branch site). The provider had a clear vision to deliver high quality care and an action plan had been developed to address the main challenges and barriers to good quality care.

- The vision and mission for the practice was shared with patients in practice information leaflets and on the practice website.
- Staff knew and understood the values which focussed on providing the best possible patient care. Staff were engaged with the practice vision and were aware of the importance of their roles in delivering it.
- However the systems and processes to ensure the vision and strategy were delivered were not always effective and led to potential risks for patients which needed to be addressed.

Governance arrangements

Sherwood medical partnership had recently been restructured and Rainworth surgery had been removed as a location although the practices still worked together. As a result of the restructure, changes had been made to the overarching governance framework.

We found governance arrangements needed strengthening in some areas to ensure risks were mitigated and the quality of services were delivered in line with the practice vision.

- The practice had an understanding of their performance. Audits undertaken just before our inspection had identified areas of strengths and areas for improvement. For example, the practice had identified their systems for the safe management of patient safety information/alerts, significant events, complaints, staffing and clinical audit work were not operating effectively. As part of the practice's quality improvement programme, the management team had plans in place to address this but they were not yet embedded to demonstrate sustained improvements and risks being fully mitigated.

- The lead nurse told us an audit tool had been implemented two weeks after our inspection to support the practice in securing improvements and written evidence was provided to support this.
- We found the management of records relating to staff and activities carried out within the practice were in the progress of being updated or reviewed to ensure accurate and up to date information was accessible. This included some meeting minutes, policies, job descriptions and contracts for staff.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The provider had presented a "map of lines of management" to staff so that they were aware who to ask for help and how to escalate concerns if needed.

Leadership and culture

The GP partners told us of efforts put in place to support and maintain the mental well-being of staff due to significant changes that had occurred in the last 12 to 24 months. Team-working and staff morale was improved through sports and group exercises.

There was a clear leadership structure in place and staff felt well supported by management.

- The management team told us the use of team leaders had helped to better support the staff, recognising the challenges they faced and celebrating their achievements. In December 2015, the partnership held its inaugural staff annual awards ceremony to celebrate and motivate staff performance. Extra days of annual leave were also given to staff if key performance targets were achieved.
- The practice was in the process of recruiting an experienced practice manager/business development manager via an external recruitment company. In the interim, the management team had been reorganised and comprised of six key individuals. This included the two location managers, a finance manager, an estates manager, a prescription team lead and lead nurse. The staff had divided up the practice management roles amongst themselves and met on a weekly basis to review service provision for areas they had delegated responsibility. They were accountable to the GP partners and outcomes from the management team meetings were shared at the monthly partner meetings.

Are services well-led?

Requires improvement 

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

- Meetings were held for different staffing groups including clinical and reception meetings. However, these needed to be strengthened to ensure safety information was appropriately cascaded and reviewed regularly including learning from significant events and complaints with a view to improving quality and safety.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt listened to and supported in doing so.
- Records reviewed also showed that some staff had completed an online training titled “being open”. This enabled staff to be aware of the support available when things go wrong and supported the practice’s commitment to ensuring duty of candour.
- Some of the GP partners and nursing staff held strategic roles within the clinical commissioning group (CCG) and were actively involved in working groups aimed at improving the service provision for diabetes care and prescribing for example. The staff told us this enabled them to have a strategic view of the health needs and challenges within the local community, and allowed them to influence decision making and drive improvements to patient care.

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

The practice sought feedback and engaged patients, staff and external agencies in the delivery of the service. Feedback had been gathered from patients through surveys, a suggestion box and responses received as part of the families and friends test (FFT). The FFT provides a mechanism to highlight patient experience and asks patients if they would recommend the services they have used.

- There was a designated display board for the patient participation group (PPG) within the main waiting area and newsletters were available to patients. The PPG met every six to eight weeks and had a membership of 12 members who regularly attended meetings. The practice also received feedback via email from members of the PPG who could not attend the face to face meetings. The PPG member we spoke to described the engagement with practice staff as excellent and gave examples to demonstrate how the practice had acted

on suggestions made to improve patient experience. The practice team and PPG also organised fundraising events in aid of charity work and this included a Macmillan coffee morning.

- The practice gathered feedback from staff through regular meetings, training and away days, appraisals and informal discussions. Any suggestions made by staff were reviewed at the management and GP partners meetings. Feedback was then communicated in staff newsletters or via emails.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt engaged to improve how the practice was run; they felt they were kept informed about the future plans of the practice.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. Some of the pilots the practice team participated in included:

- Information technology (developing templates, protocols and integrated letters), computer use during home visits, near patient testing, phone application for dictation and mobile working devices for GPs. One of the GPs had received training relating to the use of Skype communication to support the health reviews of people with learning disabilities and challenging behaviour that preferred this method of contact. This was planned to start in 2017.

The practice had a strong focus on education and research. For example:

- The practice was an approved training practice for GP registrars and a teaching practice for nursing students. The practice had three GP trainers and one of the GP partners was the programme director for the Sherwood Forest GP specialist training programme. Feedback received from a GP registrar we spoke to was positive about the support in place for them.
- The GPs delivered training to other primary care colleagues within their area. For example, one GP partner had facilitated training related to joint injections and 54 clinicians had attended. A feedback survey showed all attendees rated the content and presentation of the training as excellent or good. The

Are services well-led?

Requires improvement 

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

same GP had also supported the CCG with transformation work related to orthopaedics as well as supporting another practice with the delivery of minor surgery.

- The practice was actively involved in clinical research which was considered important for the continual improvement of patient outcomes, experience and

effectiveness of services. For example, the practice participated in the “FAST” research study which is designed to assess the safety of drugs commonly used to treat gout.

- One of the PPG members was proactively involved in activities and / or studies facilitated by external organisations such as British lung foundation, Healthwatch and the CCG.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found the practice did not have established systems and processes that operated effectively in assessing, monitoring and mitigating risks to the health and safety of patients receiving care and treatment.</p> <ul style="list-style-type: none">• This included reviewing and acting upon national patient safety information such as alerts from the Medicines and Healthcare Regulatory Agency (MHRA) and NHS Improvement.• The processes for analysing, reviewing and learning from significant events and complaints had not always been undertaken regularly and in a timely way or shared more widely with the practice team.• Some records relating to the management of regulated activities and staff employed were not up to date and were in the process of being updated. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>