

Meden Medical Services

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?	Requires improvement	
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 Meden Medical Services on 16 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always sufficiently detailed.
- Some risks to patients were assessed and well managed; however, the practice had failed to assess all risks. For example, they had not assessed the risk of not having medicines to respond to specific clinical emergencies.
- Data showed patient outcomes were low compared to the locality and nationally.
- Data from the GP patient survey showed that patients rated that practice lower than average for several

aspects of care. However, the two patients we spoke with said they were treated with compassion and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patient survey data indicated that patients found it difficult to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure in place and staff told us they felt supported by management. However, the practice did not hold regular meetings with staff.
- The practice sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Improve systems and processes to ensure care and treatment is provided in a safe way including the safe

Summary of findings

management of medicines; ensuring that arrangements are in place to respond to clinical or medical emergencies and implementing cleaning schedules for all equipment.

- Ensure robust systems are in place to assess and improve the quality of services being provided to patients including the quality of clinical care and access to services.

The areas where the provider should make improvement are:

- Review significant events on a regular basis to ensure any themes or trends are identified and learning has been embedded.
- Ensure systems are in place to securely retain paperwork in relation to staff appraisal
- Instigate meetings within the practice to involve all staffing groups

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However; the practice did not undertake a detailed documented analysis of significant events to detect themes and trends and prevent recurrence.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some systems needed to be strengthened. For example, the practice did not ensure that blank prescriptions were managed securely in line with guidance.
- Although most risks to patients who used services were assessed, the practice had failed to assess the risk to patients of not having supplies of specific emergency medicines such as benzyl penicillin for the treatment of bacterial meningitis.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there were areas where improvements needed to be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were low compared to the locality and nationally. For example data from the QOF showed performance for diabetes related indicators was 59.3% which was 22.3% below the CCG average and 29.9% below the national average.
- Clinical audits demonstrated quality improvement but were not linked to areas which had been identified for improvement
- Staff had a range of skills, knowledge and experience to aid the delivery of effective care and treatment but the practice's development plan had identified areas where further specialist training was required.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. For example, 80% of patients said the last GP they saw was good at giving them enough time compared with the CCG average of 87% and the national average of 89%.
- We spoke with two patients and received one comment card which indicated that patients felt they were treated with compassion and respect and were involved in decisions about care and treatment.
- Information for patients about the services available was easy to understand and accessible. For example, there was patient information available in a range of languages including Polish and Romanian.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

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

- The practice provided a range of services to meet the needs of its population. For example, the practice offered a minor injuries service.
- A range of services were hosted by the practice to benefit patients. For example, a dietician, a counsellor and a physiotherapist
- Results from the GP patient survey showed that patients' satisfaction with access to the practice was below local and national averages. For example, 24% of patients said they got to see or speak to their preferred GP compared to the CCG average of 54% and the national average of 59%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Requires improvement



Are services well-led?

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

- There was a vision to deliver high quality care which was shared with patients on their website and in the patient guide.
- The practice had a development plan in place to drive improvement; however the plan did not set timescales for improvement.

Requires improvement



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular meetings; however, staff told us that there were rarely opportunities for the whole practice team to meet together.
- There were governance systems in place which supported the delivery of care. However, some of these systems needed to be strengthened. For example, the practice needed to improve its understanding of areas of poor clinical performance and work to address these.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the practice's performance for Osteoporosis: secondary prevention of fragility fractures was 66.7% which was 7.9% below the CCG average and 14.7% below the national average.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 74% which was in line with the CCG average of 74.4%.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a clinical prevalence of chronic obstructive pulmonary disease (COPD) which was significantly above the national average. (COPD is the name for a collection of lung diseases). However, performance for indicators to measure the management of COPD was below local and national averages. For example, 60.4% of patients with COPD had a review undertaken by a professional in the preceding 12 months which was 24.7% below the CCG average and 29.4% the national average. As a result of poor performance the practice had recruited sessional support from a respiratory nurse specialist.
- Performance for diabetes related indicators was 59.3% which was 22.3% below the CCG average and 29.9% below the national average.

Requires improvement



Summary of findings

- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates for the standard childhood immunisations were mixed but data demonstrated that improvements had been made in this area. Immunisation rates for five years olds ranged from
- Appointments were available outside of school hours and premises were suitable for children and young people.
- The practice had made efforts to engage with young people and had a noticeboard dedicated to under 16s.
- The practice's uptake for the cervical screening programme was 83.9%, which was in line with the CCG average of 84.8% and the national average of 81.8%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours services three mornings per week from 7am at one of its two sites.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had information for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- Performance for mental health related indicators was 69.2% which was 21.9% below the CCG average and 23.6% below the national average. Data for 2015/16 demonstrated that the practice had made improvements in respect of mental health related indicators.
- 21.1% of patients with a mental health condition had a documented care plan in the previous 12 months. This was 63.9% below the CCG average and 67.2% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in January 2016. The results showed the practice was performing below local and national averages for a number of indicators. A total of 282 survey forms were distributed and 118 were returned. This represented a response rate of 42%.

- 50% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and a national average of 85%.
- 75% of patients described the overall experience of their GP surgery good compared to a CCG average of 84% and a national average of 85%.

- 75% of patients said they would recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one completed comment card which was positive about the standard of care received. We spoke with two patients during the inspection. Feedback from the comment card and from patients we spoke with was that they were happy with the care they received and found staff friendly and caring.

The results of the practice friends and families test indicated that there had been improvements over the past 12 months. Between December 2014 and November 2015, 350 patients completed questionnaires; 89% said they were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Improve systems and processes to ensure care and treatment is provided in a safe way including the safe management of medicines; ensuring that arrangements are in place to respond to clinical or medical emergencies and implementing cleaning schedules for all equipment.
- Ensure robust systems are in place to assess and improve the quality of services being provided to patients including the quality of clinical care and access to services.

Action the service **SHOULD** take to improve

- Review significant events on a regular basis to ensure any themes or trends are identified and learning has been embedded.
- Ensure systems are in place to securely retain paperwork in relation to staff appraisal
- Instigate meetings within the practice to involve all staffing groups

Meden Medical Services

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 adviser, a practice nurse specialist adviser, and an Expert by Experience. (An Expert by Experience is a person who has experience of using GP services)

Background to Meden Medical Services

Meden Medical Services provides primary medical services approximately to 6052 patients through a personal medical services (PMS) contract. The practice is located seven miles north of Mansfield in the village of Meden Vale. The practice has a branch surgery at Warsop Health Centre, two miles away from the main surgery. We did not visit the branch surgery as part of this inspection. This area has historical links to the mining industry.

The level of deprivation within the practice population above the national average, but below the average for the clinical commissioning group (CCG). However, income deprivation affecting older people is below the national average.

The clinical team comprises three GPs (one male and two female), a nurse practitioner, two practice nurses, two healthcare assistants and a phlebotomist.

The clinical team is supported by a practice manager who is assisted by a reception supervisor and an administrative assistant. In addition, there are eight reception staff and two medical secretaries. The practice manager is also a partner within the practice.

The practice is not a designated training practice; however the senior GP is a tutor and hosts first and second year medical students one morning a week during term time.

The Meden Vale surgery is open from 7am to 6pm on Mondays, from 8.30am to 6pm on Tuesdays and Fridays and from 8.30 to 12.00pm on Wednesdays and Thursdays. The Warsop surgery is open from 8.30am to 6pm on Mondays, Thursdays and Fridays and from 7am to 6pm on Tuesday and Wednesday. Patients could access appointments at either surgery.

The practice has opted out of providing out-of-hours services for its own patients. This service is accessed by patients via NHS111 and is provided by Central Nottinghamshire Clinical Services (CNCS). Patients can also access this service via an urgent primary care centre which operates 24 hours a day and is located next to the A&E department at the local hospital.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before our inspection, 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 16 December 2015. During our visit we:

- Spoke with a range of staff (including GPs, practice nurse, prescribing nurse via telephone, health care assistant, phlebotomist, practice manager and administrative staff). We also spoke with patients who used the service and observed a participation group meeting.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public 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

There were systems in place to report and record significant events.

- Staff were aware of the process for reporting significant events; they told us they would inform the practice manager of any incidents and complete the recording form available on the practice's computer system.
- We reviewed records of eight significant events recorded between November 2014 and August 2015. These included a range of clinical and non-clinical events. The practice ensured any learning needs were identified. However, documentation related to significant events did not always clearly identify who was responsible for any actions or future reviews and was not always fully completed.
- The practice did not undertake a documented analysis of significant events to identify learning, themes or trends.

We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one significant event addressed treatment of a patient admitted to hospital due to issues with their medicines. This event was highlighted to GPs and reminders were issued to ensure patients were routinely asked about any new medication.

Staff told us that when there were unintended or unexpected safety incidents, patients received explanations about what had happened and were offered consultations with a GP where necessary. Apologies were also offered to appointments and they were told actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Robust arrangements to safeguard children and vulnerable adults from abuse were in place. Practice policies reflected relevant legislation and local requirements and these were easily accessible to all

staff. The policies in place outlined who staff should contact if they had concerns about a patient's welfare. There was a lead GP for safeguarding who attended quarterly multi-agency safeguarding meetings. All staff were trained to a level appropriate to their role; for example GPs were trained to level 3 in children's safeguarding. Staff we spoke to demonstrated understanding of safeguarding and were able to give examples of involvement in raising alerts.

- Notices in the waiting area and information in the practice leaflet informed patients that they could request a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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).
- We observed the practice to be clean and tidy and appropriate cleaning schedules were in place. However, we observed that the practice was not using single use specula (covers) on doctors' otoscopes. (An otoscope is a medical device which is used to look into the ears) One otoscope was observed to be dirty and covered with debris. There was no schedule of cleaning in place for these pieces of equipment meaning that the practice could not be assured it was doing all that was practicable to mitigate against the risk of infection passing between patients. The practice had recently introduced a check sheet for the cleaning of clinical equipment which included items such as the spirometer (an instrument for measuring the air capacity of the lungs) the nebulizer (a drug delivery device used to administer medication in the form of a mist inhaled into the lungs); however otoscopes were not included on this check sheet.
- The practice nurse had recently taken over the role of infection control clinical lead and was scheduled to attend training to support them in this role. Other staff within the practice had received training in infection control at a level suitable for their role. An infection control audit had been undertaken by the clinical commissioning group (CCG) infection control matron in December 2015. The audit identified a range of issues which the infection control lead was working to address. A number of actions had been addressed such as the storage of sterile equipment and amendments to the cleaning schedules. There were a number of actions still

Are services safe?

to be completed including reviews of policies and procedures and repair work. The practice had action plans in place with identified timescales for undertaking the required work.

- We reviewed arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security). The practice had some procedures in place to control the stock of vaccines and medicines. Fridges appeared clean and were not over filled. There were procedures in place to record fridge temperatures and a cold chain protocol was followed. However, there were areas where the practice needed to make improvements. For example, the practice needed to review its policy in respect of vaccines with information about how to correctly and effectively use the data temperature logger. Records indicated that the fridge temperatures were checked on a daily basis. On a number of occasions records showed that temperatures had been elevated above eight degrees Celsius; however it was not clear that the appropriate action had always been taken in respect of checking the data logger or recording a reason for the elevated temperature.
- One of the nurses was employed as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Paper prescription pads were securely stored in a locked cabinet in the office area and there were some systems in place to monitor their use. However, individual pads were not logged out to GPs with a record of serial numbers. In addition, a prescription pad was observed loose in an open bag. The provider was failing to ensure the security of prescriptions in line with nationally accepted guidance. This meant that the practice could not be assured all prescription forms could be tracked through the practice.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Some risks to patients were assessed and some were well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had undertaken a fire risk assessment and carried out regular fire drills. A number of staff were identified as fire marshals.
- All electrical equipment was checked in September 2015 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a comprehensive list of other risk assessments in place, which had been undertaken in February 2015, to monitor safety of the premises such as slips and trips, gas appliances, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An external legionella assessment was carried out in January 2015. The issues identified in January 2015 had been rectified. Legionella training was arranged for 18 December 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw evidence of diary meetings being held weekly to ensure adequate appointments were available.

Arrangements to deal with emergencies and major incidents

The practice some arrangements in place to respond to emergencies and major incidents but needed to ensure improvements were made.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training.
- The practice had a defibrillator available on the premises. This had been checked for electrical safety and sealed pads were available. The practice had oxygen on site with adult and children's masks available.
- Most emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of

Are services safe?

their location. All the medicines we checked were in date. However, the practice staff told us that their supply of benzyl penicillin for the treatment of bacterial meningitis had expired and had not been replaced. The practice had not undertaken a risk assessment to consider the risk of not having this medicine available. In addition the practice did not have analgesics (pain killing medicines) or anti-emetics (anti sickness medicines). Following the inspection, the practice undertook a risk assessment in respect of emergency medicines which identified some medicines had been

available but were located separately. The practice also confirmed that benzyl penicillin had been purchased and placed with emergency medicines. The senior practice nurse had been given responsibility for checking stock to ensure that replacement medicines were ordered before medicines expired.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Following a review of practice performance the practice had identified a number of areas where protocols needed to be updated in order to ensure these reflected current evidence based guidance. The progress against the action plan identified that there were still some areas where actions were in progress. For example, in respect of the review of protocols related to the management of long term conditions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/15 showed that the practice had achieved 81.8% of the total points available which was 10.2% below CCG Average and 11.7% below the national average. The practice had an exception reporting rate of 7.7% which was 1.8% below the CCG average and 1.5% below the national average. (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).

Data from 2014/15 showed;

- Performance for diabetes related indicators was 59.3% which was 22.3% below the CCG average and 29.9% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 81.1% which was 4.2% below the CCG average and 2.5% below the national average
- Performance for mental health related indicators was 69.2% which was 21.9% below the CCG average and 23.6% below the national average.
- 21.1% of patients with a mental health condition had a documented care plan in the previous 12 months. This was 63.9% below the CCG average and 67.2% below the national average.

- The practice's performance for Osteoporosis: secondary prevention of fragility fractures was 66.7% which was 7.9% below the CCG average and 14.7% below the national average.

The practice had a clinical prevalence of chronic obstructive pulmonary disease (COPD) which was significantly above the national average. (COPD is the name for a collection of lung diseases). However, performance for indicators to measure the management of COPD was below local and national averages. For example:

- 60.4% of patients with COPD had a review undertaken by a professional in the preceding 12 months which was 24.7% below the CCG average and 29.4% the national average.

The practice was aware of areas for improvement and had developed a plan to address areas of concern. Some areas of concern had been addressed. For example the practice had acquired a sessional nurse specialising in respiratory conditions to review patients during 2015/16. The practice provided data which demonstrated they were on course to improve performance in respect of asthma related indicators. Additional external training had also been provided for the advanced nurse practitioner on their return from maternity leave.

However the practice's action plan identified that there were still areas where improvements need to be implemented. For example, in respect of patients identified as being at risk of stroke. The practice identified that they were still underperforming in this area and were unclear as to why this was and considered that it might be due to a data entry issue.

Additionally the practice had identified the need to improve their management of patients with long term conditions. Plans included a review of protocols and training needs of staff. The plan identified the need for protocols to be evidence based and regularly reviewed. We did not see evidence of clear actions for improvement with identified targets in this area. The practice told us the actions in respect of long term condition management were in progress. We saw that there had been some progress in the respect of diabetes related indicators and the practice was on course to have improved their results in this area.

Are services effective?

(for example, treatment is effective)

Clinical audits demonstrated quality improvement. However, we noted that these were not linked to identified areas of poor performance.

- Clinical audits were carried out and all relevant staff were involved with a view to improving care and treatment and people's outcomes. There had been four clinical audits undertaken in the last two years; we reviewed two completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit in respect of prescription instructions provided for patients taking oral contraceptive pills following an identified issue with regards to misleading directions. The audit identified areas for improvement and re-audit demonstrated a significant improvement in the clarity of instructions issued.
- The practice staff told us they had identified future audits they wished to undertake and were planning to discuss audits regularly at clinical meetings in the future. The practice provided us with a list of planned future audits which were linked to their improvement plan. For example, the practice had planned audits in respect of emergency medicines prescriptions for patients with respiratory conditions and an audit related to blood pressure monitoring.

The practice referral rate to secondary care was above the CCG average; however, one of the GPs told us they were aware of their higher referral rate and felt the referrals made were appropriate. The practice performance in respect of attendances at A&E and the walk-in centre was in line with or better than the CCG average.

Effective staffing

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

- The practice provided comprehensive inductions for all new clinical and non-clinical staff. The induction covered topics including safeguarding, fire safety, health and safety and confidentiality.
- The practice told us they had a shortage of clinical staff and recruitment was ongoing for an additional GP. This meant that the practice regularly used locum GPs and advanced nurse practitioners to ensure adequate appointment provision. The practice provided inductions for locum staff and tried to use the same locums where possible to provide continuity of care for

patients. Following the inspection the practice confirmed that one GP would be returning in February 2016 following maternity leave and they had been successful in recruiting an additional GP who would be starting in May 2016.

- The practice identified the learning needs of staff through appraisals, meetings and supervision. Staff were able to access training to meet their identified learning needs and to develop their role. Staff had access to mentoring, clinical supervision and support from their colleagues, management and the practice partners. Staff told us they attended training sessions with colleagues in the locality. Staff told us they had received appraisals in the last 12 months and we saw evidence to indicate the dates appraisals had been undertaken. However, the practice was unable to provide, when requested, copies of completed appraisal documentation for all staff. This meant we could not be assured that the appraisal systems were robust and recorded.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Half a day was dedicated to training each month.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice held monthly multi-disciplinary team meetings and we saw that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

The practice's action plan had identified that regular meetings were not being held to discuss patients who were on the palliative care register. Evidence demonstrated that the practice was now holding meetings on a quarterly basis to discuss the needs of these patients.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- For example, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice hosted a range of services including alcohol cessation support, a dietician and a physiotherapist.

The practice's uptake for the cervical screening programme was 83.9%, which was in line with the CCG average of 84.8% and the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were below CCG averages but had shown evidence of improvement. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% and five year olds from 80% to 95.2%. A review of the data available for the most recent quarter demonstrated that the practice had performed above local average for all vaccinations with the exception of one. Practice nursing staff told us that lower rates previously had been due to a coding error which had now been addressed.

Flu vaccination rates for the over 65s was 74% which was similar to the CCG average of 74.4%. The flu vaccination rate for at risk groups was 37.7% which was below the CCG average of 49.6%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice's action plan identified the need to review and update their protocols in respect of providing pre-conception and emergency contraception advice. The practice told us these actions were in progress.

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 patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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 one completed CQC comment card during our inspection which was positive about the service experienced. In addition we spoke with two patients and a member of the patient participation group (PPG); they told us staff were friendly and caring and that they were satisfied with the care provided by the practice.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect. However; the practice was below average in some areas for its satisfaction scores on interactions with GPs, nurses and reception staff. For example:

- 80% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 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 92% and the national average of 91%.

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the completed comment card and from the two patients we spoke with indicated that people felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition to this the patient check-in screen offered the option to use English or Polish. A range of patient information leaflets were available in English, Polish and Romanian.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information about support for patients experiencing poor mental health. The practice also had a dedicated noticeboard for patients under the age of 16.

The practice's computer system alerted GPs if a patient was also a carer. The practice staff were working to identify

Are services caring?

carers within the practice and had met with a carers' charity who supported carers in the local area. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or visited them. 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. There was information related to bereavement support services in the patient waiting area and a bereavement support section on the practice's website.

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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided a minor injuries clinic for its patients. In addition:

- The practice offered extended hours opening three days per week from 7am.
- There were longer appointments available for patients with a learning disability.
- Patients could access appointments at either branch of the practice depending on availability
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered information in a range of formats to the suit the needs of patients including large print and a range of languages.
- Clinics were run at the practice by a range of professionals including a counsellor, a physiotherapist and a podiatrist.

Access to the service

The Meden Vale surgery was open from 7am to 6pm on Mondays, from 8.30am to 6pm on Tuesdays and Fridays and from 8.30 to 12.00pm on Wednesdays and Thursdays. The Warsop surgery was open from 8.30am to 6pm on Mondays, Thursdays and Fridays and from 7am to 6pm on Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Patients could access appointments at either surgery.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

- 50% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average 73%).
- 24% of patients said they got to see or speak to their preferred GP compared to the CCG average of 54% and the national average of 59%.
- 53% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.

The two patients we spoke with on the day of the inspection both told us that they were able to get appointments when they needed them. The patient participation group (PPG) were working with the practice to try to address issues related to telephone access. Actions taken included changing the staff rota to provide additional capacity to answer calls at peak times and the promotion of on-line appointment booking.

The results of the practice friends and families test indicated that there had been improvements in how patients rated the practice over the past 12 months. Between December 2014 and November 2015, 350 patients completed questionnaires; 89% said they were extremely likely or likely to recommend the practice.

Listening and learning from concerns and complaints

The practice had an effective 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 in most areas. However, this document needed to be updated to ensure information about the timescales for making a complaint was consistent and reflected regulations for handling complaints.
- 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

We looked at three complaints in detail which were received in the last 12 months. We found that the practice responded to complaints promptly and offered explanations and apologies where appropriate. Lessons were learnt from complaints and action was taken to improve the quality of care. For example, one complaint was regarding the refusal of an appointment for a sick

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

child. As a result of this complaint, practice procedures were reviewed and the member of staff involved was provided with additional training to support them in their role.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice aimed to deliver high quality care in a well organised, modern and friendly setting. This aim was shared with patients on the front of the practice guide. In addition, the practice had a mission statement, a vision statement and values displayed on their website.
- The practice provided us with a copy of a practice development plan which highlighted areas for improvement. However, the plan did not detail timescales for the achievement of actions or the outcomes it was seeking to achieve. Following the inspection, the practice provided us with details of their progress against their development plan. We saw that there had been improvement in some areas but that a number of areas were still identified as being in progress.

Governance arrangements

The practice had some governance structures in place which supported the delivery of the strategy and good quality care. However there were areas where the practice needed to make improvements.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However staff told us there was a shortage of clinical staff due to challenges in recruitment and staff on maternity leave. A GP was due to return from maternity leave in February 2016 and recruitment was underway for a further GP.
- Practice specific policies were implemented and were available to all staff
- The practice was aware of their performance but had been unable to identify some of the reasons associated with poor performance. For example, in relation to the low number of patients responding to recalls for monitoring of certain chronic diseases. An improvement plan had been implemented which identified that some improvements had been made although a number of actions were still in progress.

- Clinical audits were undertaken within the practice; however, these were not linked to identified areas of poor performance. The practice told us that planned future audits were linked to areas identified in their improvement plan.
- There were some arrangements in place to identify, record and manage risks, issues and implement mitigating actions; however these needed to be strengthened to ensure patients and staff were kept safe for example in respect of infection prevention and control, delivering effective care in line with best practice guidelines and acting on feedback from patients with a view to improving the quality of the service provided.

Leadership and culture

The senior partner in the practice had a range of experience to assist them in the running of the practice. For example, the senior partner had specialist interests in areas such as antenatal care and ENT (ear, nose and throat) medicine. The partners were visible in the practice and staff told us they were approachable and listened to all members of staff.

When there were unexpected or unintended safety incidents:

- The practice gave affected people support, information about what had happened and offered apologies where appropriate.

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

- Staff told us the practice held regular clinical and nursing meetings but that there were not regular meetings of the whole practice.
- Staff told us there was an open culture within the practice and they had opportunities to raise any issues and felt supported if they did.
- Staff said they felt supported by the management and the senior partner within the practice.

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and worked with the practice management team to effect improvements. For example, the PPG had worked with the practice to try to improve the availability of appointments and waiting times. Improvements had included removing sit and wait appointments and phasing the release of pre-bookable appointments.
- The practice gathered feedback from staff through meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the management of medicines (including blank prescriptions); the risks associated with not having specific emergency medicines and the lack of cleaning schedules in place for specific pieces of equipment.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>