Sherwood Rise 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	Inadequate
Are services safe?	Inadequate
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sherwood Rise Medical Centre on 1 December 2016. The overall rating for the practice was requires improvement. The service was rated as inadequate for being well-led, requires improvement for safe, and good for effective, caring and responsive. A warning notice was also issued following this inspection to ensure action was taken to meet the legal requirements within our regulations.

The warning notice was issued in response to limited governance arrangements to support the delivery of care including a lack of systems and processes to identify, assess and monitor risk; the ability to respond to specific clinical emergencies, or those risks associated with fire and legionella; and a number of policies contained information which was not relevant to the practice including naming staff who worked for another practice as having a lead responsibility.

We undertook a focused inspection on 19 April 2017 to check the practice was compliant with the warning notice. We were assured that the practice was compliant with the warning notice at this visit.

The full comprehensive report from the December 2016 inspection, and the focused inspection on April 2017, can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at www.cqc.org.uk.

As the inspection in December 2016 rated the service as inadequate for one of the five key questions (well-led), it has to be re-inspected within six months of the publication of the report. This inspection was undertaken as an announced comprehensive inspection over two days on 22 and 30 August 2017. Overall the practice is now rated as inadequate.

Our key findings were as follows:

- We found that the service remained inadequate for well-led. The practice had a leadership structure in place, however, there was insufficient clinical leadership, limited formal governance arrangements and clinical oversight of processes needed to be strengthened.
- During our inspection, we found that patient care records were not always updated on the day of a consultation taking place with a GP. This created a risk for patients, and for other clinicians, as care records may not have been factually accurate or represent the actual care and treatment of patients.

Summary of findings

- We observed that a number of entries for patient consultations had been recorded under the wrong dates, and that records were not always clear. There was evidence that some requests had not been followed up, for example in relation to information contained within hospital letters.
- Patients were at risk of harm because some systems and processes were not in place to keep them safe. For example the practice did not have effective procedures in place to deal with alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) or alerts related to patient safety. We found that some alerts had not been reviewed, or in other cases, that searches were ineffective and had failed to identify all the relevant patients who may be affected to ensure they could be recalled.
- Staff told us that they assessed patients' needs and delivered care in line with current evidence based guidance. However, there had been no clinical meetings held since March 2017 to ensure a co-ordinated response when, for example, new or updated guidance was issued.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their treatment. However, data from the latest national GP patient survey showed that some areas of performance had declined since the previous survey 12 months earlier. Overall, outcomes were in line with, or lower than, local and national averages.
- Information about services and how to complain was available and easy to understand, although options (for example, making the complaint directly to NHS England rather than the practice) were not always clearly described for patients. Improvements were made to the quality of care as a result of complaints and concerns.
- Staff were supported to access training to provide them with the skills and knowledge to deliver care and treatment.
- Patients said they were generally able to access urgent appointments but national GP patient surveys results showed a decrease in satisfaction in terms of getting through to the practice by telephone, and with the practice's opening times.
- The practice had the facilities and equipment to treat patients and meet their needs. A refurbishment plan had been produced to address areas of the premises which had been identified for improvement, but this was still awaiting financial support.
- Medicines were safely stored and were all within their expiry date. However, the management of prescriptions within the practice needed some review to ensure that new stock was logged and signed for.
- Patient Group Directions (PGDs) to legally authorise a locum nurse to administer medicines, for example vaccines, had not been completed correctly and were therefore not valid.
- Staff told us that they felt supported by management and had regular team meetings. New staff received an induction and support, and all staff received regular appraisals.
- The practice sought feedback from staff and patients, such as performing their own patient survey, and produced an action plan to address any issues that were identified.
- A range of policies and procedures were in place to govern activity within the practice. However, we saw evidence that these were not always adhered to in practice.

Importantly, the provider must make improvements to the following areas of practice:

- Ensure care and treatment is provided in a safe way to patients, for example, by reviewing all relevant patient safety alerts, including those issued from the Medicines and Healthcare products Regulatory Agency (MHRA), and taking timely and appropriate follow up actions.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, by ensuring patient records are complete, legible, accurate and up to date. This includes contemporaneous entries into records which accurately reflect where and when the consultation had taken place.

The areas of practice where the provider should make improvements are:

Summary of findings

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including those in relation to difficulties in accessing appointments, and interactions with practice staff.
- Improve the identification of carers in order to provide them with appropriate support.
- Review the practice complaints procedure to ensure it fully reflects contractual obligations for GPs in England.
- Review the process in place for Practice Group Directions to ensure that they are correctly authorised for all staff that are required to use them.
- Improve the uptake of annual learning disability health checks.
- Review systems to keep clinical staff up to date with national and local guidance.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- The process for reviewing medicines alerts did not ensure that patients were kept safe. We found that some alerts had not been reviewed, and searches had failed to identify all the relevant patients who may be affected by these alerts. This presented a risk to patient safety.
- Entries into patient records were not always recorded at the time of the consultation and contained some inaccurate information, such as where the patient had been seen. This created a risk to patient safety as access to the most recent clinical information was not always available to other relevant professionals.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared with staff to improve patient experience and services.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had assessed potential areas of risk including fire and infection control, and had developed action plans as appropriate to address any issues.
- Medicines were safely stored and were all in date. However, the management of prescriptions within the practice was not always undertaken in line with recognised best practice.
- Practice Group Directions were not correctly authorised for staff that were required to use them.
- Appropriate recruitment checks had been undertaken prior to employment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The most recently published results showed the practice had achieved 99.4% of the total number of points available. This was 6.3% above the CCG average and 4.1% above the national average.

Summary of findings

- Staff told us that they used current evidence based guidance to assess the needs of patients and deliver effective care. However, there was limited evidence that this was reviewed as a clinical team and that information was shared with locum GPs and nurses.
- The information needed to plan and deliver effective care to people was not always available at the right time as some patient records were not updated contemporaneously. Information about people's care was therefore not always appropriately shared, for example, between clinicians or with the out-of-hours GP service.
- Clinical audits and reviews of performance data contributed towards a practice quality improvement programme.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Monthly multidisciplinary meetings were held within the practice to discuss vulnerable patients.
- The practice had taken actions to improve the uptake of childhood immunisations. A targeted campaign over the summer of 2017 had helped to increase the number of children receiving their recommended vaccination schedule.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice mostly in line with others for several aspects of care. However, we observed that satisfaction rates had decreased in some areas in the most recently published national GP patient survey. For example, 68% of patients said the last GP they saw was good at involving them in decisions about their care (local average 81%, national 82%). This was a decrease from 76% in the 2016 survey.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decision making about their care and treatment.
- Information for patients about the services available was accessible and easy to understand.
- The practice had identified 35 patients as carers; this was equivalent to 0.6% of the practice's patient list. The practice had nominated a member of staff as the carers' champion.

Summary of findings

- During our inspection we observed that staff mostly treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Most patients said they were able to make routine appointments when they needed them and urgent appointments were available the same day.
- Data from the national GP patient survey showed patients rated the practice mostly in line with others for being responsive However, we observed that satisfaction rates had decreased in some areas in the most recently published national GP patient survey. For example, 67% of patients said they could get through easily to the practice by phone compared to the CCG national average of 71%. This showed a reduction from 76% achieved at the July 2016 survey
- A range of services were provided by the practice to reduce the needs for patients to travel to receive care. For example, the practice provided minor surgery, family planning, and phlebotomy services.
- Some services (for example, minor surgery) were provided which were accessible to their patients and patients from other local GP practices.
- The practice mostly had facilities and equipment to meet the needs of patients, and was accessible to those with limited mobility. However, the practice told us they were unable to provide ECGs or 24 hour blood pressure monitoring at the time of our inspection as the equipment required was broken.
- An electronic patient self-arrival system (available in a number of languages) had recently been installed. A TV screen displayed health messages in the waiting area, and a visual and audible display called in patients to see the clinician.
- We received some mixed feedback from care home managers, with some indicating that they received an unsatisfactory service, for example, ensuring their residents had access to medicines in a timely manner.
- Information about how to complain was available, although some updates were required to reflect guidance. Evidence showed the practice responded to issues raised. Learning from complaints was shared with relevant staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

Summary of findings

- Leaders did not have the necessary experience, knowledge, capacity or capability to lead effectively. Leaders were out of touch with what was happening during day-to-day service delivery. There was a lack of clarity about authority to make decisions.
- Whilst there was a drive towards improvement by the practice management, we found that this was often isolated from clinical input. Clinical leadership was not evident.
- Governance arrangements were insufficient to support the safe delivery of care. For example, we found that clinical meetings had stopped taking place. There was a lack of systems to ensure that some staff, for example regular locum GPs, were kept up to date.
- There was evidence of poor record keeping. Many patient consultations had been recorded under the wrong dates as they were often entered onto the clinical system a number of days after being seen. In addition, they did not accurately reflect where the patient had been seen. Some records were unclear and there was evidence that some requests had not been followed up, for example in relation to information within hospital letters.
- Policies and procedures were in place within the practice. However, we found that these were not always adhered to.
- The practice was not clear with regards to informing the Care Quality Commission about matters they were legally obliged to do (statutory notifications).
- Systems and processes to identify, assess and monitor risk within the practice had mostly been improved since our previous inspection. However, the management of medicines alerts was not robust or timely.
- The practice had a vision and an outline business plan in plan which centred on the delivery of quality care. There was limited evidence of progress against the specific objectives within the plan to date.
- The partners and practice manager encouraged a culture of openness and honesty. Staff told us that they felt supported by management.
- The practice sought feedback from staff and patients, which it acted on. The practice had a patient participation group and held quarterly meetings. The practice needed to ensure they had regard for the views of patients in improving areas where the practice performance was below local and national averages.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

We rated the practice as inadequate for providing safe and well-led services, and as requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply across all the population groups we inspected. These were however, examples of good practice.

- The practice had a lower percentage of older patients in comparison to local and national averages. Older patients all had allocated named GPs responsible for their care.
- The needs of older people were met through urgent appointments and home visits where these were required.
- All patients aged 65 and over were invited to attend the practice for an annual review of their health needs.
- Monthly multi-disciplinary meetings were held with community based health and social care professionals to ensure the needs of the most vulnerable patients were being met.
- Routine monthly visits were scheduled at local care homes where older patients were residents. Urgent requests were responded to on the same day. Each of the homes had a named GP for continuity.
- The practice had achieved good uptake for flu and pneumococcal vaccinations.

People with long term conditions

Inadequate

We rated the practice as inadequate for providing safe and well-led services, and as requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply across all the population groups we inspected. These were however, examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice liaised with specialist professionals and teams to provide expert advice when this was indicated. For example, monthly clinics were held within the practice with the diabetes specialist nurses to facilitate the management of patients with poorly controlled diabetes.

Summary of findings

- Performance for diabetes related indicators was 96.7% which was 14.7% above the CCG average and 6.9% above the national average. The exception reporting rate for indicators related to diabetes was 16.3% which was above the CCG average of 9.9% and the national average of 11.6%.
- The practice identified patients at risk of developing diabetes and sign-posted patients to lifestyle support programmes to help address this.
- Services such as spirometry (a test to assess lung function) and ECGs were offered on site. This meant that patients could access these locally without having to travel further afield.
- Recall systems had been improved and administrative staff supported the effective recall of patients. This had led to a significant reduction in exception reporting rates over the last two years.
- Patients with a long-term condition had a named GP and were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals such as the community matron and district nurses, to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

We rated the practice as inadequate for providing safe and well-led services, and as requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply across all the population groups we inspected. These were however, examples of good practice.

- There were arrangements in place to ensure children were safeguarded from abuse. Staff had received relevant safeguarding training and had a good understanding of safeguarding procedures.
- Systems were in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Quarterly meetings took place with the health visitor to review any children where there were safeguarding concerns.
- Although work was underway to increase uptake, immunisation rates were still below local averages for standard childhood immunisations. The practice was aware of this and had undertaken a targeted campaign to increase uptake over the summer months.
- The premises were suitable for children and babies. There was a dedicated children's area which included a play area and information about child health was available.

Summary of findings

- Midwives and health visitors provided clinics on site each week, and this also provided an opportunity for regular liaison with the practice team.
- The practice was a c-card site. This meant that the practice was able to provide free condoms to younger people aged 13-24 years. The practice also offered asymptomatic sexually transmitted infection screening for patients aged 16-25.

Working age people (including those recently retired and students)

Inadequate

We rated the practice as inadequate for providing safe and well-led services, and as requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply across all the population groups we inspected. These were however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice offered some services to meet their needs, for example, telephone consultations.
- Although extended hours surgeries were not provided, afternoon consultations with GPs and nurses were offered until 6pm. There were no early morning appointments available and the first appointment with a nurse or GP was usually at 9am.
- The practice was proactive in offering online services including online appointment booking and the ordering of repeat prescriptions, and the practice told us that 35% of registered patients had signed up for online services.
- The practice participated in the electronic prescription scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice provided contraceptive advice and services, including intra-uterine devices (coils) fittings and removals, and implants.
- A full range of health promotion and screening was offered that reflected the needs for this age group. The practice had worked to increase the uptake of cancer screening and uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were in line with local and national averages.

People whose circumstances may make them vulnerable

Inadequate

We rated the practice as inadequate for providing safe and well-led services, and as requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply across all the population groups we inspected.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- Computer records showed 38% of the 42 patients on the learning disability register had received an annual review of their health needs in 2016-17. This meant the practice could not be assured that the health needs of patients with a learning disability were being met.
- The majority of vulnerable patients had a supporting care plan and an alert was used on the computer system to ensure that these patients were given greater priority to be seen when they contacted the practice.
- Longer appointments were offered for patients with a learning disability and for those who required them.
- Regular multidisciplinary meetings were held with community based health and social care professionals to discuss the case management of vulnerable patients.
- Feedback from care home staff was mixed regarding the service provided to their residents.
- Vulnerable patients were provided with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults. 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. Staff had received training in recognising domestic violence issues.

People experiencing poor mental health (including people with dementia)

Inadequate

We rated the practice as inadequate for providing safe and well-led services, and as requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply across all the population groups we inspected. These were however, examples of good practice.

- 96.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 11.2% above the CCG average and 13.1% above the national average. This exception reporting rate for this indicator was 0% which was significantly below the CCG average of 5.1% and the national average of 6.8%.

Summary of findings

- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 8.1% which was below the CCG average of 11% and below the national average of 11.3%.
- 95% of patients with severe and enduring mental health problems had a comprehensive care plan documented in the preceding 12 months according to 2015-16 QOF data. This was higher than the CCG average of 86%, and above the national average of 89%. Exception reporting for this indicator was below local and national averages.
- The practice had participated in a local project to improve the physical health of patients with mental health problems. Although the project had ended, the practice informed us that they would continue the work to enhance care.
- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations.
- The practice team had received training as 'dementia friendly' staff. A member of the reception team provided us with an example of how they had used it to identify a patient with memory problems, and referred this onto the GP.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was mostly performing in line with local and national averages, although some questions demonstrated lower satisfaction levels. In total, 382 survey forms were distributed and 82 of these (21%) were returned. This represented 1.4% of the practice's patient list.

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards of which 81% were extremely positive about the standard of care received. This included positive feedback from two young patients at a specialist unit who felt they had always received an excellent and friendly service from the practice. Other comments reflected that the practice team were caring, efficient and welcoming to their patients. Patients said they were given time and were listened to. Four cards contained mixed comments with some dissatisfaction about waiting times and interactions with members of the practice team. One card was negative with regards to clinical care.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and indicated that it was usually quite easy to obtain an appointment to see a GP.

Sherwood Rise Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a GP specialist advisor and a CQC Lead Inspector, with support from a second CQC inspector.

Background to Sherwood Rise Medical Centre

Sherwood Rise Medical Centre is a GP practice within NHS Nottingham City's Clinical Commissioning Group's area. It provides primary medical services to 5,830 patients via a general medical services (GMS) contract. The list size shows a steady increase in numbers over recent years.

The practice is located approximately one mile from Nottingham city centre and is easily accessible by public transport. The premises were built in 1986 and some community health services are based in a neighbouring property adjacent to the practice. Car parking is available on site and all patient services are provided on the ground floor.

The practice age profile demonstrates higher numbers of younger people, and lower numbers of patients aged over 65 compared to local and national averages. The level of deprivation within the practice population is similar to the local average, but significantly above the national average with the practice falling into the second most deprived decile. Level of income deprivation affecting children and older people are above the national average. Patients who have unemployed status is high at 16.4% (compared to 8% locally and 4.4% nationally). The practice provides services to a locally diverse and multi-cultural population.

The clinical team is comprised of two GP partners (one full-time male, one part-time female), a long-term female locum GP working five sessions each week, one part-time female practice nurse and two healthcare assistants. At the time of our inspection, two more locum GPs (one male, one female) were providing an additional three consulting sessions each week. The clinical team is supported by a part-time practice manager, a part-time operational manager, five members of reception and administrative staff, and a recently appointed apprentice. As a small practice, some staff had dual roles, for example both healthcare assistants also worked on reception.

One of the GP partners was identified as the registered manager. This is the person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The practice opens between 8am and 6.30pm Monday to Friday. GP consulting times are variable but are generally from 9am to 11.30am each morning and from 4pm to 6pm each afternoon.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Sherwood Rise Medical Centre on 1 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall but with an inadequate rating for providing well led services.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law. We undertook a follow up inspection on 19 April 2017 to check that action had been taken to comply with legal requirements. This inspection did not result in any changes to ratings. The reports on the December 2016 and April 2017 inspections can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Sherwood Rise Medical Centre on 22 and 30 August 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including NHS Nottingham City CCG and NHS England, to share what they knew. We carried out an announced visit on 22 August 2017 and an unannounced follow up visit on 30 August 2017. During our visits we:

- Spoke with a range of staff including GPs, the practice and operational managers, healthcare assistants and members of the reception and administrative team. We also spoke with patients who used the service, including a member of the practice participation group.
- Reviewed a sample of the personal care or treatment records of patients.
- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

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.

Inadequate

Are services safe?

Our findings

At our previous inspection on 1 December 2016, we rated the practice as requires improvement for providing safe services. This was because there was a lack of effective systems to identify, assess and mitigate risks related the health, welfare and safety of service users and others. This included arrangements to manage legionella, fire and access to emergency medicines. In addition, we found that improvements were needed to the recording and management of significant events, and the business continuity plan needed some updates.

These arrangements had improved when we undertook this comprehensive inspection on 22 and 30 August 2017. However, further concerns were identified including the oversight of medicines alerts and consequently the practice is now rated as inadequate for providing safe services.

Safe track record and learning

Systems were in place to enable staff within the practice to report and record significant events.

- Staff informed the operational or practice manager about significant events or incidents within the practice. Recording forms were available on the practice's computer system to enable events to be recorded.
- When things went wrong with care and treatment, patients were informed of the incident, provided with support, information and apologies where appropriate. Patients were told about actions taken within the practice to improve processes to prevent the same thing happening again. This process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The significant events were reviewed with all staff at monthly full practice team meetings.
- A log was maintained of all reported incidents. This enabled an analysis of trends, and also an overview of progress and incidents were reviewed after three months at a subsequent team meeting to ensure all actions had been completed.

We looked at 14 significant events reported over the last 18 months and viewed the information recorded on incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had changed its policy with regards to the registration of new patients from care homes. This was done in response to an incident to ensure that the practice was in receipt of all relevant past medical history prior to taking over the care of new residential home patients.

The process in place to deal with alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and some other alerts related to patient safety was not being operated effectively. Alerts were received via email by the operational manager and disseminated to relevant staff within the practice. The clinical staff received a hard copy of the alert and then initialled and ticked to say they had seen this alert, which was then returned to the manager for filing indicating any follow up actions that may be required.

We reviewed a MHRA alert issued in April 2017 for female patients who may become pregnant being prescribed sodium valproate, due to the riskof developmental disability and birth defects. This had resulted in a GP requesting that a patient search should be undertaken for those being prescribed this particular medicine. A search had identified 35 patients but without any breakdown by gender or age to specifically identify those patients who may be at risk. The practice was unable to tell us what had happened to follow this up to make sure patients were safe. We informed the practice about this as part of our feedback on 22 August and highlighted this as a potentially serious concern to them. When we went back to the practice on 30 August, a further search had been undertaken by the practice to find any patients who may be affected. They showed us their search summary which identified two patients who required a review, and their summary suggested that both patients had been seen. We looked at the patient records and although both patients had recently been seen by a GP, there was no indication of the medicines review having been completed. We performed our own search and identified four more patients who were potentially at risk from being prescribed this medicine. We discussed this with one of the GP partners and this demonstrated a lack of awareness about how the alert was being interpreted. We concluded that the practice had failed to adequately identify and follow up all relevant patients in a timely manner. The practice responded by telling us that they had until the end of

October 2017 to action the alert, however, we observed that patients had attended for consultations since the issue of the alert six months earlier without being reviewed, during which time they could have potentially became pregnant whilst being prescribed this medicine .

In addition, we observed that some other alerts had not been actioned that were relevant to patients. We queried one particular medicines alert relating to spironolactone being used in conjunction with medicines to regulate blood pressure in patients with heart failure. This alert should have been fully reviewed by GP practices, but the practice manager told us it had never been received by them. However, we were able to confirm that information about this alert had been circulated to all GPs as part of a general safety alert update in December 2016, and one clinician had underlined the importance of the update, although no follow up actions had been undertaken with the relevant patients. A GP partner told us that they were aware of the alert but confirmed that no search had been done to identify patients.

The practice informed us that they maintained a log of alerts received and documented the action taken in respect of these. However, the log was blank and there was no auditable system in place to demonstrate compliance in responding to safety alerts.

The absence of a robust system for the review of medicines alerts raised concerns that patient safety could be affected as the effective follow up to potential risks could not be assured.

Overview of safety systems and processes

- We observed that entries into patient records were not always recorded contemporaneously and accurately. This created a risk to patient safety as access to the most up to date information was not always available to other clinicians.
- The practice had appropriate arrangements in place to help to safeguard children and vulnerable adults from abuse. Policies were in place and were accessible to all staff. The policies reflected relevant legislation and clearly outlined who to contact for further guidance if staff had concerns about the welfare of a patient. The practice had safeguarding leads in place and quarterly meetings were held with the health visitor and the GPs to discuss children at risk of harm. Staff demonstrated knowledge of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice told us that GPs were trained to child protection or child safeguarding level 3. However, there was no documented evidence to support attendance at the most recent update, organised through their CCG on the day of our inspection. This was provided two weeks after the inspection had taken place. Information about key safeguarding contacts was displayed within the practice.
- Information was displayed in the practice which advised 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Arrangements were in place to ensure the practice maintained appropriate standards of cleanliness and hygiene. During our inspection we observed the practice to be clean and tidy. Cleaning was undertaken via an external contractor, and the practice liaised with them regarding any issues that arose. The practice nurse was the infection control clinical lead who liaised regularly with the local infection prevention teams to seek advice and guidance on best practice. Infection control policies and protocols were in place and staff had received training relevant to their roles. Regular infection control audits were undertaken and action plans were produced in response to these. We saw evidence that action was taken to address any areas which required improvement. Some issues were identified as part of a longer-term refurbishment plan and this was being kept under review by the practice with an intended timeline for completion within two years.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were some systems in place to monitor their use. However, there was not a procedure to sign or record new serial numbers of prescriptions when these were received into the practice, just the number of boxes delivered. There was a process to record their internal distribution within the practice.

Inadequate

Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation and these were available for the practice nurse on maternity leave. PGDs had been produced to support a regular locum practice nurse but these had been incorrectly completed by the GPs and as such were not signed off as being authorised. For example, GPs had added their own signature into the section for the clinician who was being authorised, and in some cases signatures had been added to a blank sheet at the end of the document. The practice agreed to take action to rectify this immediately. Healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber.
- Processes were in place for handling repeat prescriptions which included the ongoing review of high risk medicines.
- The practice worked with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed three staff files and found appropriate recruitment checks had been undertaken. For example, the practice had obtained proof of identification, evidence of conduct in previous employment or character references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We saw evidence that staff had received the appropriate health clearance to undertake their role safely.
- There was a safe system in place to monitor electronic pathology results. GPs would cover for each other as necessary and we saw that this was being managed effectively with very few results waiting to be actioned.

Monitoring risks to patients

Risks to patients, staff and visitors were assessed and managed. We observed that the practice had undertaken a lot of work to improve systems for this since our inspection in December 2016.

- 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 comprehensive fire risk assessment in December 2016. The fire risk assessment identified potential risks and hazards and included an action plan. We saw evidence that this had been kept under review and updated. Regular checks of fire safety systems and equipment were undertaken and recorded, and we observed this taking place during our inspection.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice commissioned an external company to undertake a legionella risk assessment and received the completed report in November 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The report identified a number of actions required to mitigate areas of potential risk, and arrangements had been implemented to ensure these were completed and kept under review, for example, the monitoring of water temperatures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rota systems were operated to ensure there were enough staff on duty and staff provided cover for each other in the event of absence or annual leave. The practice manager who also worked for the local GP alliance had created a bank system for clinical staff which provided an easier route to access clinical input when this was required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and an accident book were available.
- Emergency medicines were available and were accessible to staff in a secure area of the practice, and staff were aware of their location. All the medicines we checked were in date and stored securely. Procedures for checking stock levels and the expiry dates of emergency medicines had been strengthened since our inspection in December 2016. The practice was able to

provide documented evidence of regular checks. We observed that the practice had reviewed their stocks of emergency medicines since our previous inspection and undertaken an appropriate risk assessment to cover any recommended medicines that were not kept in the practice.

- The practice had a business continuity plan in place covering major incidents such as power failure or building damage. We identified some areas that needed review at our inspection in December 2016, and we observed that the practice had taken action and updated their plan to reflect our findings.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 December 2016, we rated the practice as good for providing effective services.

The provider remains rated as good for providing effective services following our comprehensive inspection on 22 and 30 August 2017.

Effective needs assessment

- Relevant and current evidence based guidance and standards were used to assess the needs of patients deliver care; these included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.
- Staff had online access to guidelines from NICE and local guidelines and told us that they used these to deliver treatment that met patients' needs.
- The clinical lead GP was able to show updated templates that had been provided by the CCG to assist with recent end of life NICE quality standards.
- We were informed that new and updated guidance was discussed amongst clinical staff. However, we observed that no recent clinical staff meetings had occurred. Staff told us that a practice nurse drove these meetings but due the absence of this nurse for a long period of time, these meetings had not taken place. One of the partners told us that the GPs informally discussed any updates, but also stated that the GP partners had different approaches in how they operated. This indicated that there was a lack of consistency, and there was also no evidence to support that these discussions had taken place.

Management, monitoring and improving outcomes for people

The practice used 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 99.4% of the total number of points available. This was 6.3% above the CCG average and 4.1% above the national average.

The clinical exception reporting rate within QOF was 11.5% which was 2.4% above the CCG average and 1.7% above 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 compared with data from 2015/16 demonstrated that there had been a significant reduction in exception reporting rates within the practice from 37.1% to 11.5%. The reduction had resulted from the practice manager introducing a new process for exception reporting. This included the way in which the practice recalled patients for reviews with a focus on telephoning patients to agree convenient appointments.

This practice was not an outlier for any QOF clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators 96.7% which was 14.7% above the CCG average and 6.9% above the national average. The exception reporting rate for indicators related to diabetes was 16.3% which was above the CCG average of 9.9% and the national average of 11.6%.
- Performance for indicators related to chronic obstructive pulmonary disease was 100% which was 5.5% above the CCG average and 4.1% above the national average. The exception reporting rate was 11.2% which was in line with the CCG average of 12% and the national average of 13%.
- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 8.1% which was below the CCG average of 11% and below the national average of 11.3%.

The practice provided us with unverified data demonstrating that the overall QOF achievement for 2016/17 had been maintained. They informed us that there had been a continued focus on driving down the exception reporting rate, although they were unable to provide any clear evidence of their overall clinical exception reporting rate for the previous full year on the day of our inspection. This was provided over two weeks after our inspection and actually showed a slight increase in exception reporting levels to 12.2%

There was evidence of quality improvement including clinical audit.

Good

Are services effective?

(for example, treatment is effective)

- There was some evidence of quality improvement work including audits within the practice. Clinical audit work included reviews of COPD management, inadequate cervical screening results, and patient uptake for the diabetic retinopathy screening programme. These three audits were completed cycles and demonstrated that improvements had been achieved.
- The audit of COPD was undertaken in response to the fact that data showed the practice as having low prevalence (in the lowest 10% of the CCG) although it had a high percentage of patients who smoked. This led to an assumption that some patients may not have been diagnosed and led to appropriate patients being recalled for screening, smoking cessation advice, and a review of any prescribed inhalers. The second audit demonstrated that prevalence was still low, which may have been as a result of the younger age profile of patients. However, the audit increased awareness of effective COPD management and also decreased the use of a particular inhaler from 22% to 4.8% in line with local prescribing guidelines.
- The practice had a good relationship with the CCG's medicine management team. The CCG medicines management pharmacist attended the practice regularly and supported them with medicines audits and cost effective prescribing reviews. We observed a recent CCG prescribing visit report and a number of recommendations that had been suggested. The practice was aware of the report's findings, and was keen to progress work to further improve their prescribing performance.
- The practice participated in local audits, benchmarking and peer review. In conjunction with the CCG the practice reviewed data related to performance in areas including emergency admissions, A&E attendances and cancer screening. For example, in response to performance, the practice had worked to improve its flu and pneumococcal vaccination rates, and recent data demonstrated the practice had increased their vaccinations rates and were ranked second highest of six practices within their locality for pneumococcal vaccinations.
- Information about patients was used to make improvements. For example, audits had been undertaken to review the levels of A&E attendances and patients issued with information about the appropriateness of attending A&E.

Effective staffing

- An induction plan was in place to support newly appointed clinical and non-clinical staff. This covered such topics as safeguarding, infection control (including handwashing), fire safety, health and safety and confidentiality.
- The practice team were supported to access role-specific training and updates. For example, the staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Due to the small nature of the practice, support staff were trained to cover other roles to ensure continuity of service. For example, the healthcare assistants also worked in reception. Staff were encouraged to develop skills in other areas to facilitate cross team working and to enhance personal development.
- The practice used appraisals, meetings and wider reviews of the development needs of the practice to identify the learning needs of staff. Staff had access to training to meet their learning needs and to cover the scope of their work. All staff had received regular appraisals and the practice had a training action plan in place which identified the training needed over the course of the year.
- Staff received training the practice defined as mandatory that included safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff had access to the information they required to support them to plan and deliver care and treatment. This was accessible though the practice's electronic patient record system and included care and risk assessments, care plans, medical records and investigation and test results. Relevant information was shared with other services in a timely way, for example when referring patients to other services.

There was a coordinated approach to the delivery of care for patients who had more complex needs. We saw evidence that staff worked together and with community based health care professionals to understand and meet the needs of patients and to assess and plan ongoing care

and treatment. Meetings took place with other health care professionals on a monthly basis to discuss any vulnerable patients including those with palliative care needs. Care plans were reviewed and updated for patients with complex needs.

The practice had recently introduced a review of patient deaths for those who were previously on the palliative care register to consider what had gone well, and where things might be improved in order to apply learning and continually drive service improvement.

Consent to care and treatment

Consent for care and treatment was sought from patients 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.
- In situations where it was unclear if a patient had capacity to consent to care or treatment clinicians undertook an assessment of the patient's capacity and recorded the outcome of the assessment.
- We observed forms that were used to obtain patient consent for minor surgery. For most other cases, consent was documented but without the use of a code or template which would enable this to be audited.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services. Some services were available for patients on the premises including smoking cessation advice from a local provider; this service was also available to patients from other practices in the area. The practice had identified that performance could be improved in terms of data related to patients who were smokers, and had increased the number of patients being given advice and support regarding smoking from 85% to 93% in the last year.

Data from QOF showed that the practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% and the national average of 81%. Exception reporting levels were also in alignment with local and national averages. The practice proactively telephoned patients who did not attend for their cervical screening test and ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice referred those with abnormal results for further investigation. We saw an effective display within the practice to promote cervical screening with supporting information.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that the practices uptake rates were slightly lower than local and national averages. For example, the practice uptake rate for breast cancer screening for females aged 50-70 in the last three years was 68% which was slightly below the CCG average of 72.3% and the national average of 72.5%. The uptake rate for bowel cancer screening in 60-69 year olds in the last 30 months was 50.2% which was below the CCG average of 53.5% and below the national average of 57.8%. The practice was aware of this and had been working to raise awareness and encourage attendance by their patients.

Data provided from the practice's computer system indicated that there were 42 patients on their QOF learning disability register. However, only 16 (38%) of these patients had received a review in the year 2016-17. This meant the practice could not be assured that the health needs of patients with a learning disability were being met.

The practice had historically low uptake rates for childhood immunisation rates and had been working to improve these, and performance was coming into alignment with local averages. Data for 2015-16 showed that childhood immunisation rates for the vaccinations given to under two year olds scored 8.3 out of 10 (with uptake recorded between 80-85%), compared against a national average score of 9.1 (with an expectation of 90% coverage). However, the practice had been proactively contacting parents of children over the summer holidays who were due to attend for immunisations, or who has missed appointments, to encourage them to attend. The practice informed us that this had resulted in an increased attendance with unverified figures of 77% of all under- two year olds being fully immunised, and 70% of under-fives in the first half of the current financial year.

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had undertaken 74 NHS health checks in 2016-17, which was an uptake of 70% from the patients who were offered this service. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 1 December 2016, we rated the practice as good for providing caring services.

These arrangements were less satisfactory when we undertook a follow up inspection on 22 and 30 August 2017. The provider is now rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we saw that members of staff mostly behaved in a polite and helpful manner towards patients and treated them with respect.

Measures were in place within the practice to help maintain the privacy and dignity of patients. These included:

- Curtains were provided in consulting rooms to maintain the privacy and dignity of patients during examinations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception desk was situated behind a glass screen so that patients had to speak loudly in the open reception area to be heard. This meant that confidentiality was compromised as it was possible for patients in the waiting area to overhear discussions. There were plans for some refurbishment work in the practice which would provide an opportunity to improve this in the longer term. When patients appeared distressed or wanted to discuss sensitive issues, reception staff could offer them a free consulting room to discuss their needs.

We received feedback from patients during our inspection; this included 27 Care Quality Commission comment cards completed by patients and speaking with a member of the patient participation group (PPG) and three other patients. The majority of comments received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores for interactions with GPs, nurses and reception staff were below local and national averages. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 90% 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%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%. The practice had achieved 80% at the previous survey 12 months earlier.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%. This showed a reduction from 90% at the last survey in July 2016.

Some questions showed lower levels of satisfaction than had been achieved 12 months earlier. A GP told us that this was due to a consequence of their increased workload which impacted upon their time.

Care planning and involvement in decisions about care and treatment

The majority of patients indicated that they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about treatment available to them.

Whilst most results from the national GP patient survey had achieved a similar outcome to the previous year's survey, there was also lower satisfaction achieved in response to some questions. The results were generally lower than 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 85% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%. This showed a decrease from a score of 76% in the 2016 survey.

Requires improvement

Are services caring?

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language. In addition, a number of staff within the practice spoke additional languages including Urdu and Polish.
- Some information leaflets were available for patients in easy read format or different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and a prominent information display were available in the patient waiting area which told patients how to access a number of support groups and organisations. Signposting information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers; this was equivalent to 0.6% of the practice's patient list. The practice had nominated a member of the team to become their carers' champion. A range of information was available within the practice to direct carers to the support available to them.

Staff told us that if families had suffered bereavement, their usual GP would speak to family members/carers as deemed necessary. This contact was either followed by the offer of a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 1 December 2016, we rated the practice as good for providing responsive services.

The provider remains rated as good for providing responsive services following our comprehensive inspection on 22 and 30 August 2017.

Responding to and meeting people's needs

- The practice considered the needs of their local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Although the practice did not offer extended hours appointments, late afternoon consulting times enabled patients to book appointments until 6pm each evening.
- Longer appointments were available for patients who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent appointments were available for children and those patients with medical problems that required same day consultation.
- The practice provided primary care medical services to four local residential homes. Two of these were for older patients, and two for patients with a learning disability. Each home was allocated a named GP who visited monthly to review residents, and any urgent requests for a GP visit were undertaken as required. We received mixed feedback from managers at the care homes whose residents were registered with the practice. Whilst some managers were highly complementary and noted an improved service, others informed us that the practice had provided a very unsatisfactory service to their residents. For example, we were told that residents were repeatedly running out of medicines, and that when this had been raised with the practice they had received a dismissive response. It was stated that staff at all levels could be abrasive and unhelpful.
- The practice also provided services for residents at a local residential unit for young people whose lives had been affected by abuse, and a unit for patients with mental health problems. We received positive feedback from two residents at one of these units who highly valued the support they had received from the practice. However, we were told that two of the four patients at the other residence had moved to a different GP practice as they had been dissatisfied with the service received.
- The practice hosted a smoking cessation service with appointments available to patients, and patients of other local GP practices.
- ECGs and ear irrigation were amongst other services available on site, which could also be accessed by patients from other practices as part of their sign up to the CCG's Primary Care Patient Offer. This enabled easier access for patients and sought to reduce variations in service availability across the area. At the time of our inspection the practice's ECG machine was awaiting repair, but arrangements had been agreed with another practice to cover their patients in the interim. In relation to a query regarding a task, the practice manager also informed us that the practice's 24 hour blood pressure monitoring equipment was broken.
- The practice welcomed refugees and asylum seekers to register. A healthcare assistant was designated as a lead for this and liaised with interpreter services when patients attended the practice. Health checks were undertaken including current vaccination status, and the last smear test performed on females of the appropriate age. If any issues were included, such as the effects of low mood or depression, the patient would be booked in directly at a convenient date and time to see a GP with their interpreter.
- A weekly baby clinic was held within the practice. Additionally the midwife offered weekly antenatal clinics.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately (with the exception of yellow fever).
- The premises had facilities for patients with a disability including an accessible toilet and dedicated parking. There was also a hearing loop and translation services were available.
- A range of online services were provided including appointment booking and requests for repeat prescriptions. The practice operated the electronic prescription service which meant that any approved requests for repeat prescriptions could be directed to the patient's preferred pharmacy for collection.
- A text reminder service was available to patient to help reduce wasted appointments. Patients could also send a text to cancel their appointment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Monthly clinics were held by a visiting diabetes specialist nurse to support patients with poorly controlled diabetes.
- The practice offered a monthly minor surgery clinic (for small operations such as the removal of warts, and joint injections) for patients. This provided an easily accessible local service for their patients, and also for patients registered with other practices within the alliance.
- Contraceptive services were offered to patients including coil fittings and implants.
- Information was displayed within the practice and on the website which invited patients to let the practice know if their communication needs were being met.
- A TV screen in the waiting area acted as a patient calling system to go in and see the GP or nurse. This also displayed a range of health related information to patients.
- A patient arrival system had been purchased so that patients could book themselves in directly instead of queuing at the reception. This included a range of languages reflecting the needs of the registered population.

Access to the service

The practice opened from 8am to 6.30pm Monday to Friday. GP consulting times were variable but were generally from 9am to 11.30am each morning and from 4pm to 6pm each afternoon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Same day appointments were released every day at 8am and then at 2pm. When appointments reached capacity, there was an option for a GP telephone consultation if this was necessary, and patients could be added as extras at the end of the list to ensure they were seen if this was clinically indicated.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly in line with local and national averages. However, satisfaction had declined since the previous survey in some areas.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%. This showed a reduction from 84% achieved at the July 2016 survey.
- 67% of patients said they could get through easily to the practice by phone compared to the local and national average of 71%. This showed a reduction from 76% achieved at the July 2016 survey. The practice was aware of this problem and was investing in an improved telephone system to enable more capacity for incoming calls.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 84%.
- 74% of patients said the last appointment they got was convenient. This compared to the CCG average of 79% and national average of 81%.

When we discussed the reduced performance with the practice, they were unaware of the most recently published results. We were told that where performance had decreased, they were not too concerned about the particular issues, and stated that the results were not meaningful to the practice as there had been a lower number of respondents to the most recent survey.

The practice achieved highly on accessing a preferred GP:

- 82% of patients usually got to see or speak to their preferred GP. This compared against a CCG average of 59% and a national average of 56%

Feedback from patients spoken with during the inspection, and from comment cards, indicated that generally people were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had systems in place to handle complaints and concerns.

- The complaints policy and procedure for managing complaints were mostly in line with contractual obligations for GPs in England. However, the practice was not always clear in offering the option of complaining to NHS England as an alternative to the practice, or in providing details of the Parliamentary and Health Service Ombudsman if the complainant remained unhappy after their response from the practice.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Information was available to help patients understand the complaints system including leaflets, posters and an entry on the practice website.

We looked at 18 complaints received in the preceding 18 months. We observed that complaints were handled in a satisfactory manner with complainants receiving explanations and apologies where appropriate. Complaints were logged centrally and reviewed and discussed at regular meetings with the practice team. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 1 December 2016, we rated the practice as inadequate for providing well-led services as there was no clear overarching governance structure and clinical leadership arrangements required strengthening.

We issued a warning notice in respect of these issues and found that the practice was compliant with the notice when we undertook a follow up inspection of the service on 19 April 2017. However, following our inspection on 22 and 30 August, other concerns were identified which means that the practice remains rated as inadequate for being well-led.

Vision and strategy

- The practice had a vision which centred on the delivery of a high quality service whilst continually seeking improvement. Other areas of the practice's vision included partnership working, treating all patients equally with courtesy, dignity and respect, and valuing and respecting staff within an open culture.
- Staff were engaged with the vision and values of the practice.
- The aims and objectives of the practice were outlined in their statement of purpose.
- The practice provided us with a copy of their '5 Year Plan and Vision' document which outlined some areas for development within the practice. These included skill mix arrangements and stakeholder engagement. There was no clear action plan to support taking this forward and at the time of the inspection, there was no detail of progress against the plan.
- The practice was starting to consider some longer-term succession planning to ensure future sustainability.
- A refurbishment plan was in place for the practice for 2017, although this was on hold subject to funding being made available.
- Management meetings were held between the partners and practice manager. These were usually held each month to discuss a range of business related issues.

Governance arrangements

The practice had some governance structures and procedures in place which supported the delivery of care; however there were a number of areas where governance systems needed to be improved.

- There was a staffing structure and staff were aware of their own roles and responsibilities. GP partners had lead areas of responsibility, although we found limited evidence of clear and directive clinical leadership and oversight within the practice.
- There were some arrangements in place to identify, record and manage risks effectively within the practice. Following concerns identified at our previous inspection in December 2016, the practice had undertaken work to rectify our findings and improve internal processes.
- However, we found some specific areas of concern at our inspection on 22 and 30 August. This included the effectiveness of the management of medicines alerts to ensure patients were kept safe; and the adherence to professional standards of record keeping ensuring patient consultations and other updates were recorded contemporaneously and accurately.
- During our inspection we identified an issue with the processing of tasks allocated on the clinical computer system. There was a large back log of tasks allocated to members of the clinical team which had not been marked as completed or actioned. We reviewed a sample of these and found that appropriate action had been taken to deal with these tasks in most cases, but they had not been closed down. However, in other cases we found that the follow up actions required had not been completed. For example, a task to re-assess a patient's fitness to drive was open although the GP had seen the patient since the task had been allocated to them. Another patient was tasked to be called in for 24 hour blood pressure monitoring approximately five weeks before our inspection – when we queried why it was still listed as open; we were told the equipment was broken. However, it was not recorded that the equipment was broken or evidence of making alternative arrangements, which indicated a potential risk for patients. The practice manager informed us that the system was co-ordinated by administrative staff without clinical input or oversight.
- A range of policies and protocols were available to govern activities within the practice. These were readily available to staff. We saw that these had been updated, included those which had been identified as requiring some additional work during our inspection of December 2016. However, we observed that the practice did not always adhere to its own policies/protocols, for example in relation to the practice home visit procedure or safety alerts protocol.

Are services well-led?

Inadequate

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

- We observed that the practice team struggled to provide us with some information when requested. This indicated that further training may be required to be able to maximise the use of practice systems.
- We were not assured that there were effective governance systems in place to ensure the registered manager of the service retained oversight of the running of the practice. We spoke with the registered manager who was unaware of the CQC's statutory notification process.
- No clinical meetings had been held in the practice since March 2017. We were informed that these were driven by a practice nurse, but subsequent to this nurse taking an extended period of absence, these meetings had ceased.

Leadership and culture

We observed examples of a disjointed relationship between the two partners and with the practice management. For example, one GP partner informed us that they worked in a different way to the other GP partner. We saw limited evidence of any clear clinical leadership within the practice.

There was a leadership structure in place and staff told us that they felt supported by management.

- The practice staff told us that the partners and the practice manager were approachable and always took the time to listen to all members of staff. Staff working within the practice were positive about changes made since the practice manager had been appointed approximately two years earlier.
- 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 confident and supported in doing so.
- Feedback from staff indicated they felt respected, valued and supported by the partners and the practice manager. Staff informed us that they were involved in discussions about how to run and develop the practice, and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.
- We saw evidence that the practice held regular staff meetings; these were usually undertaken each month.

Systems were in place to ensure that when things went wrong with care and treatment affected patients were offered support, information and apologies. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The partners and management encouraged a culture of openness and honesty.

The practice was part of the Nottingham City GP alliance of which 47 of the CCG's GP practices had signed up to. The alliance supported working together at scale to achieve mutual benefits, stronger resilience, and long-term sustainability. The practice manager worked as the projects lead manager for the alliance and this produced benefits for the practice in being at the forefront of some of the alliance's initiatives. For example, a workflow optimisation project aimed at reducing administrative pressures on GPs was due to be rolled out from October 2017, with a 'go-live' date planned for December 2017. The alliance had also set up access to a bank of clinical staff to assist in supporting member practices in times of staff shortage.

The practice was also participating in some forthcoming clinical trials including asthma and osteoporosis as part of a local CCG initiative.

The practice had established a good working relationship with two local practices to facilitate joint working and sharing best practice. The practice manager also participated in the local practice managers' forum. The GPs did not participate in any local GP networking meetings although they usually attended CCG learning events which were held every three months.

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

Feedback from patients, the public and staff was encouraged within the practice; it proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) which usually met every three months, and through surveys and complaints received. Internal patient surveys had been undertaken in 2016 and 2017. We observed that actions had been agreed further to the 2016 survey and

Are services well-led?

Inadequate

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

most of these had been completed. The practice was due to progress the feedback from the 2017 survey which was mainly related to comments received regarding telephone access.

- Patient feedback was also obtained through the Friends and Family test. Results for the period July 2016-July 2017 showed that 75% of the 954 patients who provided a response would recommend the service whilst 16% would not. The other 9% either answered 'neither' or 'don't know'.
- Anonymised thank you cards and letters were displayed in the practice. In addition, the practice had a board displayed in the waiting area entitled 'you said, we did' highlighting action which had been taken in response to feedback received.
- The practice had gathered feedback from staff through meetings, appraisals and general discussions. Staff told us they would be open in giving feedback and would not hesitate to discuss any concerns with colleagues or the practice manager. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** We found that the registered provider had not ensured safe systems were in place to review patients' prescribed medicines in response to safety alerts. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities)Regulations 2014 **How the regulation was not being met** We found that the registered provider did not always ensure that there was a clear audit trail to provide assurance that safety alerts had been acted upon; and ensuring that patient records were updated contemporaneously and accurately in line with professional guidance.

This section is primarily information for the provider

Enforcement actions

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.