Crown Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Medical Centre on 26 September 2016. The overall rating for the practice was requires improvement. The service was rated as requires improvement for being safe, responsive and well-led. The provider was issued with a requirement notice for a breach in regulations and was asked to provide us with an action plan. The full comprehensive report from the September 2016 inspection can be found on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Crown Medical Centre on 25 September 2017 to review the service and ensure that improvements had been made. Overall the practice rating remains as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Significant events were regularly reviewed but systems were not always operated effectively to ensure learning was shared widely.
- There was a procedure to review and act upon patient safety information received from the Medicines and Healthcare Regulatory Agency (MHRA) to keep patients safe.
- Arrangements were in place to respond to emergencies, however, we identified that the practice did not have stocks of some medicines which might be required in the event of specific clinical emergencies.
- Arrangements for handling prescriptions needed to be strengthened to ensure these could be tracked through the practice in line with guidance.
- Staff told us that they assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice used clinical audit to drive quality improvement within the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- The practice planned and co-ordinated patient care with the wider multi-disciplinary team, to deliver effective and responsive care to patients with complex health needs or those living in vulnerable circumstances.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients provided mixed views about their experience of making an appointment with the GP. Some patients told us that telephone access was problematic, and that it was difficult to book a GP appointment in advance. Urgent appointments were generally available on the same day. Continuity of care was highlighted as a difficulty by a number of patients as they were often seen by a different GP.
- The practice accommodated other services at Crown Medical Centre and at the branch site (Farnsfield Surgery) which provided care closer to patients' homes. This included community based clinics for physiotherapy, counselling and midwifery,
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on request but was not clearly displayed in the patient waiting area at the branch site. There were some concerns with regard to the management of complaints.
- There was a clear leadership structure. However, staff provided mixed views about the level of support offered by management and the partners within the practice.
- The practice was a teaching practice for GP registrars. Educational workshops were also facilitated for clinicians within the local area.
- Some of the GP partners and nursing staff held strategic lead roles within the clinical commissioning group (CCG) executive and governing boards, which helped influence and drive improvement in the delivery of patient care within the locality.

The areas where the provider must make improvement are:

- Ensure the provision of safe care and treatment; specifically in respect of the arrangements to respond to emergencies and responding to areas of identified risk in respect of premises issues.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are employed to meet the needs of patients; ensure staff received appropriate support as is necessary to enable them to carry out their duties.

The areas where the provider should make improvement are:

- Improve the handling of blank prescriptions in line with guidance.
- Review and improve arrangements in place regarding staff appraisals.
- Continue to improve and embed the arrangements in place for acknowledging, investigating and responding to complaints.
- Consider the further development of a patient participation group
- Continue to review, monitor and act upon patient experience data to continually drive service improvement. This includes ensuring continuity of care for patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- The practice had an effective system in place to review and act upon patient safety information received from the Medicines and Healthcare Regulatory Agency (MHRA) and NHS Improvement.
- Staff understood the systems in place to report and record significant events. These were reviewed on a regular basis; however, arrangements to share learning with all relevant staff needed to be strengthened.
- The practice had clearly defined and embedded systems in place to keep patients safe and safeguarded from abuse. There were designated leads for safeguarding children and vulnerable adults with training provided to support their roles.
- There were arrangements in place to assess and review risks on an ongoing basis to ensure patients and staff were kept safe with regards to infection control and health and safety. However, there had been a delay of approximately 12 months in resolving issues identified with the water temperatures at the branch site. The practice had plans in place to replace the heating system.
- The practice had good systems in place for monitoring prescribing of high risk medicines and for managing requests for repeat prescription, however, their monitoring of prescriptions that have not been collected needed to be strengthened.
- The practice had recruited a number of staff to replace those who had recently left the practice and were actively recruiting for additional clinicians to ensure sufficient staffing was in place.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. These were regularly reviewed and discussed at clinician's meetings.
- The practice team used templates to support the management and monitoring of specific long-term conditions.

Summary of findings

- The 2015/16 Quality and Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to the local and national average. The practice had achieved 99.1% of the total number of points available which was marginally above the local average of 98.2% and national average of 95.4%. QOF results from 2016/17 published following our inspection demonstrated similar achievement.
- Clinical audits demonstrated quality improvement.
- There was some evidence of appraisals and personal development plans for staff. However, some staff told us that they had not received an appraisal. We observed that some other appraisals were due for review, and were told that these had been completed but had not written up by the time of our inspection. There has been significant staffing changes and this had impacted on the capacity of the practice to ensure all staff received appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included reviewing the care of patients receiving end of life care and patients at risk of unplanned admissions.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect in their interactions with practice staff. They also felt involved in decision making about their care and treatment.
- The national GP patient survey showed most patients rated the practice in line with the local and national averages for several aspects of care. For example, 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 85% and the national average of 86%.
- The practice had identified around 2% of its practice population as carers. A carers' pack was available for carers to ensure they understood the various avenues of support available to them.
- Patients who had experienced bereavement received a condolence letter including information on support organisations.

Are services responsive to people's needs?

Requires improvement

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

Summary of findings

- Feedback from the national GP patient survey and from patients on the day of the inspection received demonstrated that continuity of care was a concern. For example, the national GP survey results showed 19% of the respondents usually get to see or speak to their preferred GP compared to a local average of 52% and national average of 56%. This was a reduction from 37% at the previous survey. This had been identified by the practice and an action plan was in place.
- Benchmarking data showed the practice had lower rates of patients accessing walk in services compared to the CCG average.
- Most patients were satisfied with the opening hours but some did not find it easy to book a routine appointment. Patients indicated that urgent appointments were usually available on the day. This was aligned with the national GP survey results which showed 67% of patients described their experience of making an appointment as good compared to the local average of 68% and the national average of 73%. This was however a reduction in patient satisfaction from 72% at the 2016 national survey.
- The practice had some systems in place for handling complaints and concerns. They had appointed a designated lead to handle complaints and we saw some documented evidence of complaints being responded to in a timely way. However, not all complaints we reviewed were responded to within the timescales outlined in the practice's policy and not all documentation was available on the day of the inspection.
- Practice staff reviewed the needs of its local population and engaged other agencies to secure improvements to services where these were identified. For example, a pro-active approach to reviewing patients at high risk of hospital had resulted in liaison with the falls prevention service and training being provided for staff working in a care home supported by the practice. This had resulted in reduced emergency admissions.
- The practice hosted a range of community based services to enable patients to receive care closer to home. This included clinics for physiotherapy, musculoskeletal conditions, and counselling
- The practice was accessible, had ample parking and was well equipped to treat patients and meet their individual needs.

Are services well-led?

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

Requires improvement

Summary of findings

- The practice had been without a practice manager for a period of approximately 12 months and had recruited an experienced business manager in January 2017 to provide some stability to the practice. During this time there had been a high turnover of staff and instability within some teams. The practice were still in the process of addressing issues related to this.
- Recruitment of staff to key leadership roles and reconfiguration of the management structure had occurred but during our inspection there was evidence that not all staff felt supported by management or involved in how the practice was run.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to it.
- The management team met regularly to assess and monitor the quality of service provision and to review the progress made in completing agreed action plans. The outcomes from these meetings were shared at the GP partnership meetings held monthly.
- Some of the GP partners held strategic lead roles within the clinical commissioning group (CCG) which helped influence and drive improvement in the delivery of patient care within the locality.
- The practice had a Patient Participation Group (PPG) at each site and were planning to work together in the future with renewed terms of reference in order to help make improvements for patients.
- There was a strong focus on continuous learning, staff development, and improvement at all levels within the practice.

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

Requires improvement

The practice is rated as requires improvement for providing safe, responsive and well-led services. The concerns which led to these ratings apply to all population groups, although we did see examples of good practice:

- Patients aged 75 years and over had a named GP.
- The practice provided a GP lead to support patients in local care homes and carried out weekly ward rounds. This enabled continuity of care for care home residents and staff told us that they had an excellent relationship with the allocated GP lead.
- The practice provided falls prevention training for care home staff.
- The practice held monthly multi-disciplinary meetings to review patients at risk of hospital admission.
- Staff carried out end of life care planning and routine chronic disease reviews for older people. Data relating to conditions commonly found in older people was comparable to local and national averages.
- The practice offered shingles, flu and pneumonia vaccinations in line with national guidance. About 74% of patients aged 65 and over had received a flu vaccination which was in line with the local average of 74%.
- The practice offered home visits and same day appointments for those with enhanced needs.
- The practice ran flu clinics in partnership with Nottingham Healthy Homes to promote winter warmth health checks.
- The practice sent 100th birthday cards as well as Golden and Diamond wedding anniversary cards when there were aware of these.
- The premises were easily accessible to older people and this included ground floor consultation rooms and level access.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for providing safe, responsive and well-led services. The concerns which led to these ratings apply to all population groups, although we did see examples of good practice:

- Clinical staff had lead roles in chronic disease management. They carried out annual reviews for patients to check their

Summary of findings

health and medicines needs were being met. Vaccinations were also offered during patients' review visit to maximise uptake of vaccinations and to avoid the need for another appointment for patients.

- Patients were invited for reviews during the month of their birthday and systems were in place to follow-up and encourage non-attendees to book appointments. Housebound patients received a home visit review.
- Patients at risk of diabetes were identified and supported to reduce the risks of developing the condition.
- The GPs worked with other health and social care professionals to deliver a multi-disciplinary package of care for patients with more complex needs and / or at risk of hospital admission.
- The practice provided a range of onsite services which included blood pressure monitoring,

Phlebotomy, ECGs (An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity) and spirometry (a test used to help diagnose and monitor certain lung conditions). Phlebotomy drop-in clinics had been recently introduced to improve access for patients

- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for providing safe, responsive and well-led services. The concerns which led to these ratings apply to all population groups, although we did see examples of good practice:

- There were systems in place to identify and follow up children at risk of abuse, children who did not attend medical appointments or were at risk of deteriorating health needs.
- There were regular meetings with extended community teams which included midwives, health visitors and school nurses.
- Immunisation rates were for all standard childhood immunisations were comparable to local and national averages. For example, childhood immunisation rates for vaccinations ranged from 94% to 99% compared to the CCG range of 88% to 98% and the national range of 73% to 95%. Reminders for vaccinations were sent to parents by text and first vaccinations were often coordinated with post-natal and baby checks.
- There was in -house family planning services provided, which included long acting forms of contraception

Summary of findings

- Requests for same day appointments for children were prioritised and routine appointments were available outside of school hours.
- The practice had baby changing facilities, toys for young children and welcomed mothers who wished to breastfeed on site.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for providing safe, responsive and well-led services. The concerns which led to these ratings apply to all population groups, although we did see examples of good practice:

- The practice offered flexible appointment times and telephone consultations. This included pre-bookable appointments on a Saturday morning (8.30am to 12.30pm) with the GP and nurse. Early morning appointments were available with a nurse from 7am on one day each week and later evening appointments were available until 7pm on two days each week.
- A triage system and nurse led clinics with and advanced nurse practitioner (ANP) had been implemented to increase capacity of appointments.
- Appointments were available with the prescriptions team for medicines reviews
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Patients could sign up for electronic prescribing which enabled them to pick up medicines from their preferred pharmacy.
- A wide range of in- house services were offered that included; minor surgery, joint injections, ultrasound, and contraception, as well as a recently introduced drop-in phlebotomy service.
- The practice also informed patients about services and key information via online services such as twitter and facebook.
- Text messaging was used to confirm appointments and issue reminders.
- A full range of health promotion and screening that reflects the needs for this age group was offered. This included NHS health checks, vaccinations and cancer screening.
- The practice recently recruited a new administrator to manage test results to improve timeliness of informing patients.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for providing safe, responsive and well-led services. The concerns which led to these ratings apply to all population groups, although we did see examples of good practice:

- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients. Information about how to access various support groups and voluntary organisations for carers, those receiving end of life care or experiencing bereavement was available.
- There was a dedicated nurse lead for patients with a learning disability. People with a learning disability were offered longer appointments and an annual health check. Practice supplied data showed 61 out of 75 patients (81%) had received a review in 2016/17.
- There was an alert on patients' records to identify patients who required a longer appointment or who had difficulties with hearing or vision.
- There was a dedicated safeguarding team to manage safeguarding concerns. This included a GP, nurse, administrator and a receptionist.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The safeguarding team ran three-monthly reviews of safeguarding concerns to ensure none these had been dealt with.
- The premises were suitable for people with a range of disabilities and impairments. This included electronically aided access doors, a disabled toilet, height adjustable couches and all consultation rooms are on ground level.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for providing safe, responsive and well-led services. The concerns which led to these ratings apply to all population groups, although we did see examples of good practice:

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and / or dementia.
- Screening for dementia was carried out opportunistically during chronic disease management appointments in order to identify early warning signs.

Summary of findings

- Care plans were utilised to facilitate close working with community teams to provide continuity of care.
- Information was available to patients and carers about how to access various support groups and voluntary organisations.
- 88% of patients with a mental health condition had a documented care plan in the preceding 12 months which was comparable to the local and national averages of 89%.
- Data showed that 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG average of 86% and national average of 84%. However exception reporting rates at 2% were about half of the local and national averages.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

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. In total, 300 survey forms were distributed and 123 of these (41%) were returned. This represented 0.8% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 73% 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 asked for CQC comment cards and patient questionnaires to be completed by patients prior to, and during, our inspection. We also spoke with a number of patients on the day of the inspection. In total, we received 65 patient responses about their experience of the service offered at both the main site and branch surgery. The comments were mostly positive about the standard of care received and described staff as polite, caring and respectful. However, we received a number of negative comments including the continuity of care, and the difficulties in obtaining a GP appointment.

Crown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor and a second CQC inspector.

Background to Crown Medical Centre

Sherwood Medical Partnership provides primary medical services to almost 15,000 registered patients from Crown Medical Centre and Farnsfield Surgery (branch site) via a general medical services (GMS) contract commissioned by NHS England and Newark and Sherwood Clinical Commissioning Group (CCG). Several members of staff work flexibly across the two sites.

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

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

The management team includes a business executive manager, a location/reception manager for each of the two sites, a finance manager, a human resources (HR) officer, a prescription manager and an estates manager. They are supported by a team of 26 staff undertaking administration, prescription and reception duties.

The practice is an established training practice for GP registrars (a qualified doctor who is completing training to become a GP).

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

Why we carried out this inspection

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

This inspection was carried out to review improvements made since the September 2016 inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the CCG and NHS England to share what they knew. We carried out an announced visit on 25 September 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a GP registrar, the executive manager, practice nurses, the HR officer, the prescriptions manager and a number of reception and administration staff.
- Observed how patients were being cared for and talked with patients who used the service. This included members of the patient participation group.
- Reviewed a range of records relating to the management of the service, staff and patients to corroborate our findings.
- Reviewed comment cards and patient questionnaires where patients shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

At our previous inspection on 26 September 2016, we rated the practice as requires improvement for providing safe services. This was because we found that improvements were needed to the management of significant events and applying the learning from these, and the practice did not have an effective system in place to review and act upon patient safety information received from the Medicines and Healthcare Regulatory Agency (MHRA).

At this inspection we found that;

- There was an effective system for reporting and recording significant events. There was an electronic template on the practices computer system for staff to report events, which were separated into clinical and non-clinical events to aid investigation and review.
- Records showed 26 significant events had been recorded over the last 12 months; all events had been investigated and actions had been taken. There was evidence of ongoing review of events. An annual review of significant events for the period of 2016-17 had taken place to identify any themes or trends.
- Staff were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- Significant events were reviewed at clinical and non-clinical meetings and learning shared. We were told that feedback to staff involved was provided verbally and to all other relevant staff via electronic notification and through attendance at team meetings. However, during our inspection, some staff were unable to recall examples of events or learning or to tell us how learning was shared with them.
- We saw evidence of improvements following significant events. For example, where there was a delay in following up a blood test result, the process for managing urgent action was amended to a 'red flag' system so that patients could be contacted more quickly to attend a follow up appointment.

Arrangements were in place for receiving and acting on patient safety information. All safety alerts, including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were cascaded to relevant staff for them to take action. A record was kept of searches made in relation to medicines alerts and these were routinely discussed at weekly operations meetings with GP partners and the prescriptions manager.

Overview of safety systems and processes

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

- Comprehensive arrangements were in place to safeguard children and vulnerable adults from abuse and avoidable harm, which reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff, were specific to the practice, were reviewed regularly, and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice had a safeguarding lead GP, who worked closely with the practice staff and held monthly meetings with health visitors to review concerns. He also attended six-monthly multi-agency meetings within the CCG. The GP lead had received safeguarding training to level four. We saw evidence of appropriate referrals made to safeguarding teams.
- Staff we spoke with demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults that was relevant to their role. However, there were some recently recruited non clinical staff that had not yet completed all their induction training which included safeguarding training.
- Patients had access to chaperones if required and this included clinical and reception staff. Staff acting in this role had received chaperone training and had received a disclosure and barring check (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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The cleaning was undertaken by an external company and systems were in place to ensure a high standard of cleanliness was maintained. A range of policies were in place to provide guidance to staff and this included sharps and waste management.

Are services safe?

Staff were supported with infection control training including handwashing techniques. The lead nurse liaised with the clinical commissioning group (CCG) infection prevention team to keep up to date with best practice. Regular inspection control audits were undertaken with the most recent inspection in April 2016 and an action plan completed in August 2016 showed action was taken to address identified improvement areas. Quarterly audits and monthly spot checks of different rooms were also undertaken. The resulting action plans were reviewed at the regular management meetings.

- The water systems, including temperatures, were regularly checked to minimise the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that issues with water temperature had been recorded at the branch site since a risk assessment was completed in September 2016 and that there had been a delay of approximately 12 months in securing remedial action to address this issue. An action plan had been written by the practice to address the issues and a further external survey took place in April 2017. We were told that, following this report being submitted to Nottingham CCG and NHS England, there was a delay in the report being shared with the practice until August 2017. There had since been ongoing discussions with the owners of the premises regarding the necessary remedial work and we were informed that remedial work was planned for 3 November 2017.
- There were some arrangements for managing medicines, including emergency medicines and vaccines, in the practice which kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal); however, there were some areas for improvement Effective processes were in place for handling requests for repeat prescriptions, including high risk medicines, however the monitoring of uncollected prescriptions could be strengthened. There was a register for patients on high risk medicines with the appropriate follow-up arrangements made by the GPs as appropriate under the shared care protocols. There were no controlled drugs kept on site.
- Blank prescription forms and pads were securely stored however; the systems to monitor their usage needed strengthening to ensure this was in line with guidance. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA). There was evidence demonstrating how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe.
- Regular meetings were facilitated with the clinical commissioning group (CCG) pharmacist advisor and medicines management team to review prescribing data. Medicine related audits were also undertaken to ensure prescribing was in line with best practice guidelines for safe prescribing.
- A daily log of daily fridge temperatures was kept and records reviewed showed vaccines were stored within the recommended range. We noted that on an occasion where a fridge temperature was found to be out of range, this had been recorded as a significant event and action taken. However, there were occasions noted when there had been a slight elevation in temperature where the reason for this had not been clearly noted and it had not been documented that the data logger was checked.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. However, some improvements needed to be made to ensure all relevant information was visible on copies of documents and that all relevant information was easily accessible in employee files.
- The business manager told us that updating staff files was an ongoing process and that new ways of working were being implemented to improve management of staff and ensure appropriate policies and processes were being followed. This included such things as; appraisals, staff feedback forms, return to work interviews, logging of absences and absence management.

Requires improvement

Are services safe?

Monitoring risks to patients

Most risks to patients were assessed and managed.

- The practice had provided services from the purpose built premises (Crown Medical Centre) since September 2015. An estates manager had the lead role of maintaining oversight of the safety and suitability of the premises across the two sites. Risk assessments and regular audits related to the premises, security, health and safety were carried out. Records reviewed showed remedial action was taken to address identified risks. However, there had been a delay of around 12 months in rectifying issues with water temperatures in some of the rooms at the branch site due to a protracted consultation process with the owners of the premises. This was due to be fully rectified in November 2017. The providers mitigated risks to patients and staff by daily running of affected taps.
- There were procedures in place for monitoring and managing fire risks to patient and staff safety. This included: a fire risk assessment and management plan; providing fire safety training for staff and carrying out weekly fire alarm tests. We were unable to establish when the most recent planned fire drill had been conducted, however, there had been a recent full fire evacuation when a fire alarm had been accidently activated.
- Suitable arrangements were in place to ensure a wide range of equipment was safe to use and working properly. This included portable appliance testing for electrical equipment and calibration of medical equipment.

Staffing

- The practice recognised that there was a shortage of staff due to a large number of staff (around 17) leaving during 2016/17. They had recruited to some of the vacancies, including two new roles during 2017 and were actively recruiting additional staff which included two further GPs. They were also actively recruiting a lead administrator to manage pathology results.
- A rota was used for planning and monitoring the skill mix and number of staff needed to meet patients' needs on a daily basis. This included clinical and non-clinical staff.
- Staff told us they worked flexibly to cover shortages. However, there were still staff shortages, particularly in the reception and administration teams. Staff told us that not having enough staff had left them with insufficient time to deal with administration tasks and meant there was a delay in responding to follow ups and tasks that GPs had requested. For example; we saw that GPs responded to hospital discharge letters, test results and other correspondence quickly and created tasks for patients to be followed up. However, a review of the task system over a period of two to four weeks showed that there were 270 tasks still waiting to be actioned by the reception and administration team and around 272 pathology results awaiting follow up after a GP had seen the result. This meant that some patients had experienced a delay in receiving a follow up appointment to discuss test results, have a blood test, or in having their medicines amended.

We also noticed that there were long waits for patients at the reception desk. Staff told us that this may be due to difficulty in getting through to reception via telephone to make appointments.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents; however there were areas where improvements needed to be made.

- Staff could alert colleagues to any emergency by using an instant messaging system or panic alarm on the computers they used.
- All staff received training in basic life support, cardio pulmonary resuscitation and/or anaphylaxis.
- Guidelines were available for staff to enable them to take an appropriate action in the event a child was experiencing fever or a patient was suspected to be experiencing stroke or meningitis.
- Emergency equipment was checked regularly and this included a defibrillator and oxygen.
- A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we noted an absence of two medicines we would expect to find and informed the practice of this. This included hydrocortisone which is used to treat acute severe asthma or severe or recurrent

anaphylaxis; and atropine which is required in practices where coil fitting or minor surgery are undertaken. The practice had not assessed the risk of these medicines not being available.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 September 2016, we rated the practice as good for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. At the time of the inspection visit the most recently published results for 2015-16 showed the practice had achieved 99.1% of the total number of points available compared to the clinical commissioning group (CCG) average of 98.2% and the national average of 95.4%.

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

The 2015/16 data showed:

- Performance for diabetes related indicators was 97% which was above the CCG average of 95.4% and national average of 90%. The percentage of patients newly diagnosed with diabetes in the preceding year who had a record of being referred to a structured education programme within 9 months (after entry on to the diabetes register) was 93% (this was 2% above the CCG average and 0.2 above the national average). However, exception reporting at 65% was 22% above the CCG average and 42% above the national average. Other individual indicators within diabetes were mostly in line with local and national averages.
- The annual review of patients with diabetes included an initial appointment with a health care assistant for a health check and blood tests. The test results were sent to patients prior to a follow-up appointment with a nurse or GP to review their condition and medicines. This enabled patients to be active partners in the care planning and management of their condition.
- Performance for indicators related to hypertension was 100% which was above the CCG average of 99.4% and the national average of 97%. About 86% of patients with hypertension had regular blood pressure tests in the preceding 12 months. This was marginally above the CCG average of 85% and the national average of 83%. The exception reporting rate for this indicator was 7% which was above the CCG average of 6% and the national average of 4%.
- Performance for mental health related indicators was 99% compared to the CCG average of 96.1% and national average of 93%. A total of 88% of patients with a mental health condition had a documented care plan in the preceding 12 months which was marginally below the CCG and national average of 89%. The exception reporting rate for this indicator was approximately 24% which was above the CCG average of 20% and the national average of 13%.
- Performance for dementia related indicators was 100% compared to the CCG average of 99.5% and national average of 97%. About 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG average of 86% and national average of 84%. The exception reporting rate was 2% which was below the CCG average of 5% and national average of 4.5%.

Results published following our inspection visit for 2016/17 showed a similar achievement.

Good

Are services effective?

(for example, treatment is effective)

There was an improved system for reviewing patients with long term conditions. Recalls for health checks was based on a patient's birth month. A flu vaccination was also routinely offered during these appointments (where appropriate) to save patients the need to book a separate appointment.

A programme of regular clinical audits had been developed to ensure quality improvement.

- We reviewed five clinical audits completed in the last two years including one full cycle audit. The audits covered reviews of specific medicines, one relating to chronic kidney disease and one to pneumococcus immunisation for a specific patient group. Findings were used by the practice to improve services.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice accessed their prescribing data and used it to monitor their performance in collaboration with the CCG prescribing advisor.
- Local benchmarking data for the period August 2016 to July 2017 showed emergency admissions, accident and emergency attendances and outpatient first attendances were below the CCG averages.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included the new starter being assigned a buddy to support them in understanding the practice priorities, activities and policies. Induction related training covered topics such as information governance, infection control and health and safety. Records showed that clinical staff had completed induction programmes and competency checks. However some staff recruited more recently told us that they had not had sufficient time to complete their induction due to staff shortages.
- Staff had access to and made use of e-learning and in-house training that was relevant to the scope of their work. This included: safeguarding, records management, customer care and role specific training. For example, clinical staff had additional qualifications and / or interests relating to specific long-term conditions such as diabetes, spirometry, family planning, joint injections and administration of vaccines. Nurses had also recently completed training in order to prescribe medicines for specific ailments and had been fully supported and mentored in this role.
- Examples of training and development completed by non-clinical staff included; strategy away days, operational management training, SWOT analysis, and route map training.
- The management team maintained a database which provided an overview of staff training (completion and renewal dates) and the revalidation for clinical staff. Refresher training was offered periodically or annually to ensure staff had up to date knowledge. All staff attended basic life support training annually. However, the training database was not up to date for all staff and needed to be reviewed.
- Staff received ongoing support which included one-to-one meetings, supervision and mentoring. Nurses had access to clinical supervision and development through additional roles and attendance at clinical meetings.
- Processes in place indicated that staff employed for over a year received an annual appraisal which included identifying their learning needs. Practice nurses had a personal development plan which was overseen by one of the GP partners. Most other staff had received an appraisal during February and March 2017 but a number of these had not yet been formally documented by their managers. The practice told us that this was due to changes in staffing and absences of staff.
- The practice hosted educational workshops attended by clinical staff monthly. Recent topics included audit results, Counter Terrorism Strategy straining (PREVENT), chronic kidney disease.
- The practice closed for half a day each month where all staff are invited to attend for meetings and educational events.

Coordinating patient care and information sharing

Information required to plan and deliver care and treatment was easily accessible to staff from the practice's internal computer system. This included care plans, medical records and test results for patients. Information was shared with other services when appropriate and this included referring patients to secondary care or hospital services and the out of hours service. A flagging system was also used to prioritise abnormal pathology results.

Good

Are services effective?

(for example, treatment is effective)

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

The practice identified patients at high risk of hospital admission and integrated care plans were used to capture patient information. These were routinely reviewed and updated and a copy was given to patients.
Multi-disciplinary professionals had access to a dedicated telephone line to facilitate good communication regarding patient care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- We saw that consent forms were recorded for procedures such as minor surgery and the fitting of intra uterine contraceptive devices (coils and implants).
- The practice had a named caldicott guardian (GP) who was able to advise staff on protecting the confidentiality of patient information and enabling appropriate information-sharing.

Supporting patients to live healthier lives

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

- NHS health checks were offered for patients aged 40–74. Systems were in place to follow-up the health assessment outcomes if any risk factors were identified. Data showed that the practice had exceeded targets for completion of checks for the year to date having achieved 104% performance against local targets in the first five months of 2017-18, and were on course to achieve their annual target.
- Patients with learning disabilities were offered annual health checks. A total of 61 patients out of 75 (81%) had received an annual health check in 2016/17. Patients with a learning disability were given longer appointments for their health checks.
- Patients at risk of developing a long-term condition were identified. For example, a register was maintained for patients at risk of diabetes and this was reviewed periodically to ensure support was in place to minimise the risks and their health was reviewed.
- The clinical staff supported patients requiring advice on their diet, smoking and alcohol cessation or signposted them to the relevant service.
- Practice supplied data showed the practice had achieved a higher rate for dementia diagnosis when compared to the CCG average. The practice had diagnosed 5% of patients aged 65 and over with dementia as at July 2017 and achieved a dementia diagnosis rate of 128.7% when compared with the CCG set target.
- 74% of patients aged 65 and over had received a flu vaccination in line with the CCG average of 74%.

The practice's uptake for the cervical screening programme was 86% which was in line with the CCG average of 86% and above the national average of 81%. Exception reporting rates for this indicator were below local and national averages at 1.7% (CCG 5.6%, national 6.5%). This indicator refers to the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years.

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

- Breast cancer screening (in last three years) for women aged 50-70 was 84.3% which was above the CCG average of 78% and the national average of 72.5%.
- Bowel cancer screening (in the last 30 months) for patients aged 60-69 was 64% which was in line with CCG average of 64% and above the national average of 58%.

Good

Are services effective?

(for example, treatment is effective)

Immunisation rates for the vaccinations given to children were generally above CCG and national averages as at 31 March 2016. For example:

Data for 2015-16 showed that childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.1% and 98.9% which exceeded the 90% nationally expected standard. Pre-school immunisation rates were recorded between 91.5% and 96.4%. This was marginally below CCG averages but above the national average.

Good

Are services caring?

Our findings

At our previous inspection on 26 September 2016, we rated the practice as good for providing effective services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and treated patients with dignity and respect.

- Curtains were provided in consulting rooms to maintain the privacy and dignity of patients' during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room or area to discuss their needs. There was a private room off the main reception area which had dual access from the reception office area and from the main corridor.
- We saw that maintaining confidentiality was particularly difficult at the branch site due to the location of the reception desk and adjoining waiting area. However, the reception team did their best to maintain confidentiality and outgoing calls were only made from the back of the reception office and a quiet area had been created at the far end of the reception desk for private conversations.

Patients who provided us with feedback of their personal experiences of the practice were mostly positive about the level of care provided. Patients felt the practice offered a caring service and staff were helpful, friendly, and treated them with dignity and respect.

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

- 96% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 92% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients who provided us with feedback told us their health issues were discussed with them and as a result they felt involved in the care and treatment they received. Patients also stated they were listened to, supported by staff and most patients said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

The practice hosted events with social care and voluntary organisations to ensure patient needs were met. For example; McMillan coffee mornings, carers coffee mornings and Nottingham Healthy Homes to promote winter warmth health checks. There were also plans in place to undertake more work with the community to help reduce social isolation.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. A hearing loop was available for those patients with hearing difficulties. Access to interpreting services for patients who did not have English as a first language was available.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

We saw evidence of a condolence letter sent to patients who had experienced bereavement. Patient feedback highlighted that staff responded compassionately when they needed help and provided support when required.

Satisfaction scores for interactions with the practice team was in line with the local and national averages:

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 90% 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 86%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 296 patients as carers which is approximately 2% of the practice list. Carers were given a carers pack which signposted them to various avenues of support available to them. The practice offered a flu vaccination to all carers and advertised this on social media.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 26 September 2016, we rated the practice as requires improvement for providing responsive services. This was because we found that improvements were needed to the systems in place for handling complaints and concerns, and the availability of medical appointments needed review.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with community based health and social care professionals and other agencies, to secure improvements to services where these were identified. For example, the practice identified a trend in some care home residents sustaining falls and being admitted to accident and emergency (A&E). In response to this, training was provided for staff working at a care home supported by the practice.

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

- The practice provided additional services at Crown Medical Centre and Farnsfield Surgery to provide care closer to patients' homes and reduced the burden on hospital services. This included community based clinics for physiotherapy, musculoskeletal conditions, midwifery and counselling services. In addition, diagnostic ultrasound services were available on site and minor surgical procedures and joint injections were performed at the practice.
- Positive outcomes were achieved for patients and this was reflected in benchmarking data as at July 2017. The practice was one of the lowest referrer in orthopaedics, podiatric surgery in the clinical commissioning group (CCG)
- The nurses took a lead role in chronic disease management and the use of a telehealth text messaging service (Florence or FLO) was actively promoted to encourage patients with long term conditions such as hypertension, chronic obstructive pulmonary disease (the name for a collection of lung diseases) and asthma to take an active role in their health care. FLO links patients' mobile phones to clinicians' computer systems and gives personalised health tips and valuable advice.
- A variety of treatment room services were offered to patients at flexible times to suit their needs. This included early morning and evening appointments for blood tests, blood pressure monitoring, initiation and titration of insulin, spirometry (a test used to help diagnose and monitor certain lung conditions) audiometry (hearing tests), ear syringing and electrocardiogram (an ECG is a simple test that can be used to check a patient's heart's rhythm and electrical activity).
- A minor illness clinic was facilitated by the nursing staff so that patients did not have to wait to see a GP. This freed up some GP appointments for more complex needs.
- The practice offered family planning services including coil and implant fitting (intra uterine contraception devices).
- Postnatal reviews were arranged for mothers at the same time as the baby's eight week physical examination. Breast feeding mothers were able to access a private room when needed and a children's play area with toys was available.
- The main premises was purpose built with reasonable adjustments made to ensure people with a range of physical and sensory disabilities and/or impairments are able to access the service.
- A range of appointments were offered including: longer appointments for patients with a learning disability or complex health needs; home visits for older patients and patients who had clinical needs which resulted in difficulty attending the practice; and same day appointments for children.
- The practice offered online services for booking appointments, requesting repeat prescriptions and electronic prescribing. The practice also utilised facebook and twitter to communicate key information about services to the patients.
- In addition to printed appointment cards, the practice used the text messaging service for appointment bookings and reminders.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

- Crown Medical Centre was open from 8am to 6.50pm Monday to Friday; and GP appointments were available from 7.30am to 11.50am, and 3pm to 6pm on these days.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Farnsfield Surgery was open from 8am to 6.50pm Monday to Friday. GP appointments were available from 9am to 11.50am and from 2.40pm to 5.40pm.

Extended opening hours were offered on a Saturday with pre-bookable appointments available with GPs and nurses between 8.30am and 12.30pm. Crown Medical Centre was open every other Saturday and Farnsfield surgery was open one Saturday a month. This service was particularly aimed towards patients who could not attend during normal opening hours or during the week. The practice were due to launch their additional extended appointment scheme on 1 November 2017 in collaboration with another local GP practice. This meant that extended hours appointments would be available until 8pm Monday to Friday.

Feedback from patients was mixed with regards to obtaining a GP appointment when they needed one, and the continuity of care was raised as a concern. Outcomes from the latest national GP patient survey results which showed patient's satisfaction with how they could access care and treatment was mostly in line with averages, although the results had slightly reduced since the previous survey. For example:

- 81% of patients were able to get an appointment the last time they tried compared to the CCG average of 85% and the national average of 84%.
- 67% of patients described their experience of making an appointment as good compared to the CCG average of 68% and the national average of 73%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 73% of respondents were satisfied with the surgery's opening hours compared to the CCG average of 75% and the national average of 76%.
- 56% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 63% and national average of 64%.

The national GP survey results showed 19% of the respondents usually get to see or speak to their preferred GP compared to a local average of 52% and national average of 56%. This was a reduction from 37% of patients at the previous GP survey in 2016. Continuity of care was also highlighted as a problem by a number of patients who provided us with their feedback on the day of the inspection. The practice had analysed the results of the GP patient survey and reflected the low proportion of their patients represented by the survey equating to approximately 0.7%; their analysis indicated that, of the 123 surveys returned, 59% of respondents (73 patients) had had contact with the surgery in the last 6 months. The practice had reflected on this area and indicated the following and hoped the return of two female GPs from maternity leave and less reliance on locums would improve patient experience of continuity.

Benchmarking data for the period August 2016 to July 2017 showed the practice had lower rates of patients accessing walk in services compared to the CCG average. This aligned with our view that patients fully utilised the urgent appointment system at the practice.

The practice had proactively looked at ways to maximise the number of GP and nurse appointments available. This included;

- providing appointments with a nurse for minor illness,
- telephone consultations where appropriate,
- offering flu vaccinations to patients during their health check.
- extended nurse appointments from 7.30am two mornings a week
- additional extended late evening appointments with GPs and nurses until 8pm each weekday starting 1 November 2017 as part of a CCG wide initiative.
- A new rota template for GPs was introduced
- A reception manager monitored the availability of appointments on a daily basis and made adjustments where possible by opening up additional appointments slots when required.
- The practice had worked with a local pharmacy to promote self-care for areas of high demand and to educate and inform patients
- They had improved information letters to patients to avoid unnecessary appointments
- They were actively recruiting an administrator to manage the pathology results for the practice which would free up more appointment time for nurses and HCAs
- Weekly ward rounds for local care homes had been developed to reduce the need for appointments.
- Medicines reviews were offered by the prescriptions lead (where appropriate)

Rotas were provided for appointments up to one week ahead, however patients told us that these were quickly taken up. We checked the next available appointments and

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

saw that the next routine appointment to see a GP was in six days' time. Staff told us that it was often difficult to book patients into routine appointments. Additional appointments were released at 1pm each day for medical emergencies.

Listening and learning from concerns and complaints

At our previous inspection, the practice had already identified the need to improve the management of complaints and to ensure an annual review was undertaken to identify themes and trends. An audit tool was implemented post our inspection to support the improvement.

Our last inspection identified that the practice complaints policy required updating along with their practice leaflet and information on the practice website to ensure patients had access to up to date and consistent information about the complaints process, and external agencies to contact should they need to.

At this inspection we found some areas of improvement:

- We were told that patients were encouraged to voice their concerns via the complaints procedure by speaking with a member of the team in the first instance and completing a complaints form.
- The complaints form had been updated to include information for patients about other agencies they could contact if they were not satisfied with the response to their complaint or if they required support with making their complaint.
- The website provided information on how to make a complaint and enabled patients to download a copy of the complaints from.
- There was a designated lead, the HR officer, who had responsibility for handling complaints.
- The complaints policy and procedure reflected national guidance and information was available to help patients understand the complaints system. This had been updated following our last inspection and was being updated again to reflect recent changes to the management of complaints.
- The complaints process had been amended so that a letter of acknowledgement was sent to patients within three days. The timescale for completing complex complaints had also been extended to allow for more comprehensive investigation.
- A weekly meeting took place for all GPs and this included the discussion of clinical complaints. The HR officer and a secretary also attended so that responses to patients could be completed quickly.
- The practice had recorded 24 complaints received between January 2017 and August 2017. Records reviewed showed the practice had responded to the complainants by providing them with explanations and apologies where appropriate. The complaints log included information regarding actions taken and learning points.

However, there were areas where further improvement were still required to improve the management of complaints:

- Not all complaints we reviewed were acknowledged or responded to in line with the practice's policy and procedure.
- Not all information regarding complaints was available; for example, paperwork related to a complaint was not available on the day of the inspection. We were informed following the inspection that this information had been located at another site. We were concerned that this could have led to information being misplaced. In addition, copies of all correspondence related to other complaints was not always on file.
- There was no visible information about how to make a complaint displayed at the branch practice.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 26 September 2016, we rated the practice as requires improvement for providing well-led services. This was because we found that improvements were needed to the management of staff records and internal systems to assess, monitor and mitigate risks to the health and safety of patients receiving care and treatment.

At this inspection we found that some improvements had been made. However, the practice had experienced a period of instability following re-structure which had led to high staff turnover rates and staff shortages which impacted on the practice's ability to embed new processes. More time was required in order to manage further improvements and embed new processes.

Vision and strategy

Sherwood Medical Partnership is the provider for regulated activities carried out at Crown Medical Centre and Farnsfield Surgery (branch site). The provider had a clear vision to deliver high quality care and were aware of the main challenges they faced in providing this:

- The vision and mission for the practice was shared with patients in practice information leaflets and on the practice website.
- Staff knew and understood the values which focussed on providing the best possible patient care.
- However, some staff had become less engaged with the practice vision and mission due to instability of the team following restructure, a merger, a subsequent demerger and a number of changes to staff roles, and the introduction of new ways of working.

Governance arrangements

There had been significant changes to the management and staffing structure of the organisation following a merger and a further demerger; following this the practice was without a practice manager for a period of approximately 12 months. Following these events, a new executive manager had been appointed in January 2017; Sherwood Medical Partnership had been restructured. As a result of the restructure, changes had been made to the overarching governance framework.

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

- The practice had an understanding of their performance. There was a programme of audits being undertaken, which included one audit following investigation of a significant event.
- The practice had improved their systems and processes for the safe management of patient safety alerts, significant events and complaints. However, there were still areas related to significant events and complaints which needed to be strengthened.
- A number of new staff had been recruited, and the restructuring process had enabled some new roles to be introduced. However, a significant number of staff had also left the practice.
- We found the management of records relating to staff and activities carried out within the practice were in the progress of being updated or reviewed to ensure accurate and up to date information was accessible. This included some meeting minutes, policies, job descriptions, training information and contracts for staff. We were told this work was still ongoing.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, some staff were not clear in respect of line management arrangements.

Leadership and culture

The practice team has been subject to significant change since the merger of Farnsfield Surgery with Crown Medical Centre and the subsequent realignment as a branch surgery of Crown Medical Centre. Services were provided to patients under a single contract. Some staff worked across both sites (including GPs) with staff at the branch site being managed by GP partners and manager based from the main site.

The provider faced additional challenges as there was no practice manager in post from January 2016 until January 2017, during which time there was a demerger with another practice. The partnership had utilised the skills of some of their administration team to act in this role on an interim basis during this time of instability and had recruited an experienced business manager in January 2017 to take a lead role in stabilising the practice. There has been a significant change in staffing with approximately 17 staff

Are services well-led?

Requires improvement

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

members having left the practice in the last 12 months; this had included staff in senior clinical and non-clinical roles. Staff had left for a variety of reasons which included retirement, relocation and to pursue other opportunities. A number of new staff had been recruited to replace leavers and also to new roles within the partnership. For example; a Human resources (HR) officer (as part of the management team) was appointed internally to strengthen HR processes and introduce more structured return-to-work interviews, stress risk assessments, written feedback forms and to establish improved employee folders and appraisals.

The practice told us they continue to manage capacity problems and had put in place a temporary manager due to long term absence of a reception manager at the branch site. They informed us that they were actively recruiting new reception, administration and clinical staff and had recently recruited two additional GPs

There was a clear leadership structure in place and most staff felt well supported by management, however, there were a number of staff who did not feel well supported by management during a period of rapid staff changes.

We saw there were regular meetings held to support communication but there were areas where improvements needed to be made to ensure better support and communication:

- The management team had held a team building day for all staff to help people adjust to the changes. Feedback from staff was mixed about this event.
- Meetings were held for different staffing groups including clinical and reception meetings, as well as formal monthly cross department management briefings where an update on the business is provided and cross department issues discussed. Learning sessions recently included topics such as; understanding the Quality and Outcomes Framework (QOF), managing Insurance reports, and understanding the death protocol.
- Some staff told us they did not have the opportunities to attend regular meetings within their team where they were able to address issues or discuss ideas for improvement.
- In July, the practice held team games to promote cross team working to reinforce the importance of team working for the benefit of patient care.
- The nursing team were encouraged to attend regular nurse meetings every six to eight weeks, where there was an opportunity to attend learning events and provide clinical and peer support for one another.
- Some staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt listened to and supported in doing so. However, some staff felt that recent changes made them feel less inclined to speak up about their concerns.
- The practice were supportive of staff development and provided opportunity for staff to attend external courses and meetings.
- The GP partners provided a daily de-brief for GP registrars working at the practice to support their development.
- Some of the GP partners and nursing staff held strategic roles within the clinical commissioning group (CCG)

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

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

The practice had made good use of patient feedback from the NHS choices survey to create an action plan to address areas for improvement.

- There was a patient participation group (PPG) at both sites with around 10-12 members attending regularly. Each group met separately, however, since the merger of Farnsfield site with Crown medical practice as a branch, there have been discussions to consider meeting as one group. Most members told us that meetings were well supported by the practice and that since the appointment of a new business manager, this support had improved.
- New Terms of Reference for the meetings were being discussed so that the group would become clearer about their remit and purpose. The PPG regularly helped out at flu clinics and sought patient's views. A flyer had been distributed recently to obtain patients' views on future activities, for example holding a regular

Are services well-led?

Requires improvement

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

carers' coffee morning. The group were planning to improve communications with patients in order to help explain the changes that had recently taken place at the practice, particularly regarding the appointments system. Suggestions discussed included a poster in the waiting room, regular newsletters and talking to patients in the waiting room.

- There was a designated display board for the patient participation group (PPG) within the main waiting area.
- The practice gathered feedback from staff through regular meetings, training and away days, appraisals and informal discussions.
- Most staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, some staff felt hesitant to discuss matters that concerned them as there had been a number of changes to management over the last 12 months which had caused some disruption and uncertainty. Following our inspection, the practice provided background information regarding the circumstances that they consider may have led to some disruption and explained the actions and measures they had put in place to manage this.

Continuous improvement

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

- One of the GPs had received training relating to the use of Skype communication to support the health reviews of people with learning disabilities and challenging behaviour that preferred this method of contact. This was planned to start in 2017.

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

- The practice was an approved training practice for GP registrars and a teaching practice for nursing students. The practice had three GP trainers and one of the GP partners was the programme director for the Sherwood Forest GP specialist training programme. Feedback received from a GP registrar we spoke to was positive about the support in place for them.
- The practice was planning to introduce placements for 6th form students from local schools.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment **How the regulation was not being met:** Arrangements to respond to specific clinical emergencies needed to be reviewed; specifically with reference to the emergency medicines available within the practice. Action was required to secure improvements to premises.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing **How the regulation was not being met:** There had been a significant number of staff leaving the practice; the provider had identified there were not sufficient numbers of staff employed to meet the needs of patient. Not all staff felt supported by the provider in carrying out the duties they were employed to perform.