

# Sherwood Rise Medical Centre

## Inspection 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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Good



# Overall summary

We carried out an announced comprehensive inspection at Sherwood Rise Medical Centre on 22 and 30 August 2017. The overall rating for the practice was inadequate, and it was placed into special measures. Two warning notices were issued to the provider in response to identified breaches in regulations.

We carried out an announced focused inspection on 8 January 2018 to confirm that the practice had taken the action in relation to the breaches in regulations set out in the warning notices issued to the provider. We found the practice had complied with the warning notices and taken action to ensure they met legal requirements. The overall rating of inadequate and special measures status remained unchanged at that time, pending the completion of a further full comprehensive inspection.

Reports from the August 2017 comprehensive inspection and the January 2018 focused inspection can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at .

We visited the practice on 2 May 2018 to carry out this announced comprehensive inspection.

## **This practice is now rated as requires improvement overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? - Good

At this inspection we found:

- The practice had taken action in response to previous inspections. They had made improvements and put arrangements in place to ensure these were sustained. Standards of record keeping had improved to ensure that patient records were comprehensive, accurate and up to date.
- There was a reliable process in place to review and act on MHRA alerts
- There were systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- The practice had improved the way Patient Group Directions (PGDs) were being used to allow nurses to administer medication in line with legislation. The correct documentation was in place and had been properly authorised.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Childhood immunisations uptake rates were below the target percentage of 90% or above.
- The practices' uptake for breast and bowel cancer screening was below local CCG and national averages.
- Staff involved and treated patients with compassion, kindness, dignity and respect. However, patients' satisfaction with how involved they were in decisions about their care was below local and national averages.
- Patients were usually able to access appointments when they needed to. They had seen improvements in this area over the last year.
- Staff received appropriate training to equip them for their roles and were supported by their colleagues and by senior staff in the practice.
- A carers champion had been appointed to strengthen the way the practice identified and supported carers.
- The practice had increased the uptake of annual learning disability health checks.
- The complaint policy and procedures had been reviewed and updated following our inspection on 22 and 30 August 2017 and was in line with recognised guidance.
- Feedback collected during the inspection reflected that there had been positive changes and improvements achieved over the last 12 months.
- The practice implemented service developments and were taking part in a CCG wide project to improve the handling of incoming correspondence.

The areas where the provider **should** make improvements are:

- Improve uptake rates for childhood immunisations in line with the national target percentage of 90% or above.
- Increase the uptake for breast and bowel cancer screening amongst their patient population.
- Continue to increase the numbers of patients identified as carers.

## Overall summary

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Sherwood Rise Medical Centre

Sherwood Rise Medical Centre is a GP practice within NHS Nottingham City Clinical Commissioning Group area. It provides primary medical services to approximately 5,700 patients via a general medical services (GMS) contract. 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.

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 practice provides services to a locally diverse and

multi-cultural population. 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.

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 one healthcare assistant. The clinical team is supported by a practice manager, a part-time operational manager, six members of reception and administrative staff, and an apprentice.

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.

# Are services safe?

At our previous comprehensive inspection on 22 and 30 August 2017, we rated the practice as inadequate for providing safe services. This was because;

- Entries in 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 processes in place to respond to alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and some other alerts related to patient safety were not being operated effectively.
- Processes in place for Practice Group Directions needed to be reviewed to ensure they were correctly authorised for the staff that were required to use the.

When we undertook an announced focused inspection on 8 January 2018, we found that the practice had made improvements and taken action to meet legal requirements and comply with the warning notice. Standards of record keeping had improved and there was a reliable process in place to review and act on MHRA alerts. The rating of inadequate for providing safe services remained unchanged at that time, pending the completion of a further comprehensive inspection.

When we carried out this comprehensive inspection on 2 May 2018 we found these improvements had been sustained.

**We rated the practice as good for providing safe services.**

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice nurse was due to attend a sepsis training course in June 2018 and following this would be taking a lead role for sepsis in the practice, including leading on staff training.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- At our inspection in August 2017 we identified action was needed to ensure that all patient records were complete, legible, accurate and up to date. The practice took action in response to this and when we carried out our follow up inspection in January 2018 we found improvements had been made.

# Are services safe?

- At this inspection in May 2018 we found the practice had sustained these improvements. They continued to use the processes they had first established to bring about the required improvements and audited record keeping to monitor the quality of these records.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- There was a documented approach to managing test results.
- Clinicians made timely referrals in line with protocols.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- Patient Group Directions (PGDs) were being used to allow nurses to administer medication in line with legislation. At our inspection on 22 and 30 August 2017 we found these had not always been authorised correctly. At this inspection we found improvements and the correct documentation was in place and properly authorised.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The improvements found at our inspection in January 2018 had been sustained and there was a reliable process in place to receive, review and act on incoming alerts and guidance.
- Staff understood their duty to raise concerns and report incidents and near misses. They told us that they felt confident any concerns they raised would be listened to and managers would support them.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

At our previous comprehensive inspection on 22 and 30 August 2017 we rated the practice as good for effective.

**At this inspection we rated the practice as requires improvement for providing effective services overall. The practice was rated as good across all population groups except for families, children and young people and working age people which we rated as requires improvement; this led to the overall rating of requires improvement.**

The practice was rated as requires improvement for providing effective services because:

- Childhood immunisations uptake rates were below the target percentage of 90% or above.
- The practices' uptake for breast and bowel cancer screening was below local CCG and national averages.

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

### Families, children and young people:

- Childhood immunisations uptake rates for the vaccines given were below the target percentage of 90% or above. We were told there was a continuing drive to increase uptake rates and the practice were working closely with local health visitors to help achieve this. This included completing immunisations at short notice when requested to so by a health visitor.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.



## Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 67%, compared to the local CCG and national average of 72%. The practice was aware that this was below these averages and continued to promote take up amongst their patients.
- The practices' uptake for breast and bowel cancer screening was below local CCG and national averages. The practice was aware that take up was below these averages and continued to encourage their patients to participate in these national screening programmes.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. The numbers of these completed health checks had increased in comparison to the previous year, with 34 of 39 patients having received a health check during 2017/18.

### Monitoring care and treatment

The practice used quality improvement activity to review the effectiveness and appropriateness of the care provided. For example, audits had been completed in relation to smear results, Intrauterine Contraception Device (IUD) insertions and minor surgery. These audits had identified where things were working well and also highlighted areas that needed strengthening. In these instances the practice had taken steps to make improvements and to carry out further audits to check improvements were achieved. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had recently joined a CCG wide initiative to use electronic templates for referrals, helping to ensure all relevant information was included and avoid any delays in the referral process.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.



# Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. There were arrangements in place to help ensure staff competency in these areas. For example, there had been regular audits of smear results to oversee the sample taking process.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one discussions, appraisals, clinical supervision and support for revalidation. The practice confirmed to us that the requirements of the Care Certificate would be included in the induction process for any newly employed Health Care Assistants (There had been no new HCAs employed at the practice since April 2015.)
- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example they provided information and signposted them to advice and support groups.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. There was a range of information about these topics available in the waiting area of the practice.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

At our previous comprehensive inspection on 22 and 30 August 2017 we rated the practice as requires improvement for caring. This was because results from the 2017 national GP patient survey showed satisfaction levels were below local and national averages and in some cases had reduced further when compared with the 2016 results.

## **At this inspection we rated the practice as requires improvement for caring across all population groups.**

The practice was rated requires improvement for providing caring services because:

- The results from the 2017 national GP patient survey showed satisfaction levels were below local and national averages. There was no new national GP patient survey results available to refer to for this inspection as the 2018 results would not be published until later in the year.
- The practice's own patient survey showed patients found staff to be helpful and that they gave them useful information. Comment cards collected during the inspection showed patients found staff to be friendly and caring. However, there was not sufficient evidence at this time to demonstrate improvement in all the areas of low satisfaction in the 2017 national GP patient survey results.
- The practice had improved on the numbers of carers identified but this was still less than 1% of the patient population.

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Comment cards collected during our inspection showed patients found staff to be friendly and caring. During our inspection we observed staff interacted with patients in a professional and courteous manner.
- Staff understood patients' personal, cultural, social and religious needs. For example, the practice had produced a leaflet for patients explaining how fasting during Ramadan may impact on their health conditions.
- The practice gave patients timely support and information. Results from the practice's own patient survey demonstrated that patients found staff at the practice helpful and that they received useful information from them.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment;

- During our inspection we received comments that reflected patients felt listened to. However, results from the 2017 national GP patient survey showed patients' satisfaction with how involved they were in decisions about their care was below local and national averages.
- The practice were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information that they are given.)
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. Some of the staff employed at the practice were multi lingual and could speak with patients in languages other than English, if preferred.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them. At the time of this inspection the practice had identified 51 patients as carers which was equivalent to 0.9% of the practice's patient list. This was an increase from the figure of 0.6% at our inspection on 22 and 23 August 2017. The practice had a carers champion to help improve the way they identified and supported carers.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

## **Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

At our previous comprehensive inspection on 22 and 30 August 2017 we rated the practice as good for responsive.

**At this inspection we also rated the practice and all of the population groups as good for responsive.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Local health visitors were based in the adjacent building to the practice. This encouraged close working between the two services and a flexible approach in meeting the needs of young patients.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had promoted the use of online services for booking appointments and requesting prescriptions.
- The recent launch of the city based extended hours hub and seen an increase in the availability and choice of evening and weekend appointments.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

### People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a range of information available about local services that could support and advise patients who were experiencing poor mental health.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

## Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The practice had carried out their own patient survey to assess satisfaction levels in relation to access to appointments. For example, the results showed patient satisfaction with the length of time waiting to check in for their appointment had improved significantly since the practice's previous own patient survey.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice offered minor surgery services for their patients, and for patients registered at other nearby practices.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures had been reviewed and updated following our inspection on 22 and 30 August 2017 and was in line with recognised guidance.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the Evidence Tables for further information.**

### **Listening and learning from concerns and complaints**

## Are services well-led?

At our previous comprehensive inspection on 22 and 30 August 2017, we rated the practice as inadequate for providing well led services. This was because;

- Leaders did not have the necessary experience, knowledge, capacity or capability to lead effectively. Clinical leadership was not evident.
- Governance arrangements were insufficient to support the safe delivery of care. There was a lack of systems to ensure that some staff, such as regular locum GPs, were kept up to date.
- There was evidence of poor record keeping and in some cases a failure to follow up information received, for example hospital letters.
- Policies and procedures were not always adhered to.
- The practice was not clear about their legal responsibility to inform the Care Quality Commission in certain circumstances (statutory notifications).
- The management of medicines alerts was not robust or timely.
- There was limited evidence of progress to support the practice vision and objectives.
- The practice needed to ensure they took into account the views of patients in improving areas where satisfaction was below local and national averages.

We undertook an announced focused inspection on 8 January 2018, to check that the practice had made improvements in respect of record keeping and taken action to meet legal requirements and comply with the warning notice. The rating of inadequate for providing well led safe services remained unchanged at that time, pending the completion of a further comprehensive inspection.

When we carried out this comprehensive inspection on 2 May 2018 we found these improvements had been sustained. We also found that there had been improvement in relation to the other areas of concern found during our inspection on 22 and 30 August 2017.

**We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They had responded to previous concerns and achieved improvements.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Feedback collected from staff and patient participation group members reflected that there had been positive changes and improvements over the last 12 months. For example, they felt that there was better availability of appointments, fewer delays when waiting for appointments and they found staff to be more helpful and friendly. Much of the feedback we received commented on the positive impact the practice manager had on the running of the service.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. The practice took into account the view of patients, staff and partners in developing their vision.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. They participated in local initiatives and developments to help improve services.
- The practice monitored their own progress.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They enjoyed their roles and were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

## Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

- Clinical audit was used to monitor the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the practice were taking part in a CCG wide project to improve the handling of incoming correspondence. One of the GPs in the practice provided integral support to this by quality assuring the work.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.



## Are services well-led?

- The practice had carried out their own patient survey in December 2017. The results had been analysed and captured in a feedback and action plan document, which the practice had used to review their progress and summarise key satisfaction areas. For example, the results showed patient satisfaction levels with the practice were high with 71% of respondents rating the practice overall as excellent or very good, and no respondents rating the practice as unsatisfactory.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice took an active role in

supporting new initiatives, for example, they were participating in a CCG wide project to improve the handling of incoming correspondence. This was intended to make efficiencies in the workflow process and release clinical time.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. We saw evidence of reflective discussions used as part of quality processes to help identify areas for improvement.

**Please refer to the Evidence Tables for further information...**



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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.