

# Dr Mark Stevens

## Quality Report

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Dr Mark Stevens (the provider) has been inspected previously on the following dates:

- 14 January 2014, 14 August 2014 and 10 November 2014 using previous inspection methodology which focused on specific outcomes.
- 13 and 14 March 2015 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.
- 1 December 2015 – The practice was rated inadequate overall and remained in special measures as it had not made the required improvements to achieve compliance with the regulations.
- 2 June 2016 – A focussed inspection was undertaken in response to information of concern indicating the provider was not meeting the conditions of its registration. The overall rating of inadequate still applied.

- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.
- We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.

Reports from our previous inspections can be found by selecting the 'all reports' link for Dr Mark Stevens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 25 April 2017. Overall the practice remains rated as inadequate.

Our key findings were as follows:

- There had been significant improvements to the provider's recording of contemporaneous notes. A review of records demonstrated notes were recorded in a timely manner following patient consultations.

# Summary of findings

- Staff understood their responsibilities to raise concerns and report incidents. These were discussed with relevant staff on a regular basis. However, learning was not always identified to ensure events did not reoccur.
- Systems had been improved to ensure patients being prescribed high risk medicines were appropriately reviewed and monitored.
- Evidence indicated alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were being received and acted upon.
- Some risks to patients were assessed and managed; however there were areas where risks had not been identified including the risk of not having assessed the competency of the healthcare assistant.
- Arrangements to manage medicines were not always operated effectively. Systems in place to ensure the safe management of vaccines were not being operated effectively and blank prescriptions were not being tracked in line with guidance.
- Data showed that patient outcomes were in line with local and national averages and evidence demonstrated the practice had made improvements to the level of care provided to their patients.
- Patient feedback was consistently and strongly positive about the care and treatment provided by the practice.
- Open access was provided to patients on a daily basis; patients were positive about being able to access GP appointments on the same day. However, patients often waited a long time to be seen by a GP.
- There were limited mechanisms in place to enable the practice to record and act upon verbal feedback from patients.
- There was a clear leadership structure in place but roles and responsibilities were not always clear, for example, in relation to health and safety.
- Policies and procedures were in place but evidence indicated these were not well embedded and not always followed within the practice.

There are areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure significant events and incidents are investigated thoroughly and learning identified including the reporting of events externally where required.
- Ensure staff providing care and treatment to patients have the competence, skills and experience to do so safely.
- Ensure the proper and safe management of medicines
- Ensure systems are operated effectively to assess, monitor and improve the quality and safety of service provided and to identify and assess risks to the health and safety of service users
- Ensure systems are in place to support obtaining the required pre-employment checks for newly appointed staff.
- Ensure policies and procedures are followed by staff and embedded within the practice

In addition the provider should:

- Improve the awareness of staff in relation to safeguarding arrangements
- Consider the training needs of staff including face to face training
- Ensure mechanisms are in place to record and act upon verbal feedback
- Consider auditing patient waiting times and demand for appointments
- Ensure effective recall systems are in place for patients with long term conditions

This service was placed in special measures in June 2015. The service remains in special measures.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and significant events. Incidents and significant events were discussed with staff; however learning was not always identified meaning there was a risk of events reoccurring.
- Systems were in place to enable the practice to respond to alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA). Significant improvements had been made to the monitoring of patients being prescribed high risk medicines.
- Some safety systems and processes within the practice were operated effectively to keep patients safe; however there were areas where improvements needed to be made. For example, in relation to the safe management of medicines (including vaccines) and the timeliness of recruitment checks.
- Some risks to patients who used services were assessed and managed; however there were areas where improvements needed to be made. For example, practice had failed to identify and assess the risk of not having assessed the competency of the healthcare assistant.
- Some arrangements were in place to deal with emergencies and major incidents; however the business continuity plan needed to be updated to ensure it could effectively support the practice in the event of an emergency or major incident.

Inadequate



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to local and national averages.
- Current evidence based guidance was being used to assess the needs of patients and deliver effective care.
- Clinical audits and ongoing reviews demonstrated quality improvement.
- A review of patient records demonstrated that there had been significant improvements to the recording of contemporaneous notes by the GP.

Good



# Summary of findings

- At the time of the inspection, the practice did not have a practice nurse but had a nurse due to start in May 2017. Evidence indicated that training had been arranged to meet the gaps in skills for the nurse; however the practice had not arranged staffing cover until the nurse was fully trained.
- There was evidence of ongoing support for staff with monthly supervision meetings being held for administrative staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Monthly multidisciplinary meetings were held within the practice to discuss patients at risk of admission to hospital.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice above others for most aspects of care. For example, 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- Feedback demonstrated that patients felt they were treated with compassion, dignity and respect and they were involved in decision making about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 36 patients as carers; this was equivalent to 2.4% of the practice's patient list. Information was available to support carers.
- During our inspection we observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

**Requires improvement**



- Open access to a GP was available five mornings per week. Any patient presenting at the practice by 11.15am would be seen on the same day. Access for older people and children could be arranged via telephone.
- Patients were positive about access to the practice; however, evidence demonstrated that patients often waited for long periods before seeing a GP with waiting times often being over an hour and morning surgery regularly extending past 1pm. The practice had not done any analysis of demand for appointments or of waiting times.

# Summary of findings

- The practice had made recent improvements to their online services with the introduction of services including online appointment booking and access to electronic prescribing.
- The practice had facilities and equipment to meet the needs of patients. Consulting and treatment rooms were situated on the ground floor and there was ramped access to the practice.
- Information about how to complain was available and easy to understand. However, the practice did not have effective mechanisms in place to record verbal feedback from patients.

## Are services well-led?

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

- The practice told us they were committed to the delivery of high quality care and had been focussed on making improvements to areas where concerns had been identified.
- Staff were engaged with the values of the practice and were committed to the delivery of high quality care.
- The practice did not have a documented business plan or strategy in place. We were told that the GP was considering a possible merger.
- There was a leadership structure in place but roles and responsibilities were not always clear, for example in relation to health and safety.
- Policies and procedures were in place but staff were not always familiar with these and we saw evidence these were not being followed. For example, in relation to the maintenance of the cold chain and the management of vaccines.
- There were limited governance arrangements in place to support the delivery of care; systems and processes in place to identify, assess and monitor risk within the practice needed to be strengthened.
- Arrangements to ensure the provider retained oversight for the provision of regulated activities were limited.
- The practice sought feedback from staff and patients, which it acted on.

**Inadequate**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as inadequate for the care of older people.

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

- The needs of older people were met through urgent appointments and home visits where these were required. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary meetings were held with community based health and social care professionals to ensure the needs of the most vulnerable patients were being met.
- Older patients had a named GP to provide continuity of care.
- Longer appointment times were available where required and patients could discuss multiple problems during one consultation.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions.

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

- Performance for diabetes related indicators 90.3% which was 8.3% above the CCG average and 0.5% above the national average. The exception reporting rate for indicators related to diabetes was 7.7% which was below the CCG average of 9.9% and the national average of 11.6%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered structured annual review to check their health and medicines needs were being met.

Inadequate



# Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- We were told that recall systems for patients with long term conditions involved patients being recalled in their birthday month. However, the administrative team were unaware of the recall system and how this was operated. We were not assured there was clarity around how patients were currently being recalled.

## Families, children and young people

The practice is rated as inadequate for the care of families, children and young people.

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

- There were arrangements in place to ensure children were safeguarded from abuse. Staff had received relevant safeguarding training although evidence indicated the GP had not completed any safeguarding training since March 2015.
- Systems were in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Published data indicated that immunisation rates were below local averages in some areas. The practice had low numbers of children registered and small numbers of children not attending had a large impact on their immunisation rates. The practice had recently recruited a new nurse who was due to start in May and immunisation training had been arranged for them.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors where this was required.

Inadequate



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

The practice is rated as inadequate for the care of working age people (including those recently retired and students).

Inadequate





# Summary of findings

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

- The needs of the working age population, those recently retired and students had been identified and the practice offered some services meet their needs.
- Although extended hours surgeries were not provided, afternoon consultations with GP were offered until 6.30pm.
- Open access appointments were provided each morning with patients presenting at the practice before 11.15am being guaranteed an appointment with the GP on the same day.
- The practice had recently introduced some online services including online appointment booking and access to electronic prescriptions. Further improvements were required to the practice's website to ensure it was fully reflective of the services offered by the practice.
- A full range of health promotion and screening was offered that reflected the needs for this age group. Cervical cancer screening, bowel cancer screening and breast cancer screening were generally in line with local and national averages.

## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- Longer appointments were offered for patients with a learning disability and for those who required them.
- Regular multidisciplinary meetings were held with community based health and social care professionals to discuss the case management of vulnerable patients.
- Vulnerable patients were provided with information about how to access various support groups and voluntary organisations.
- Patients with a learning disability were provided with an annual health check.

Inadequate



# Summary of findings

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

The practice is rated as inadequate for the care people experiencing poor mental health (including people with dementia).

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

- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 18.9% which above the CCG average of 11% and below the national average of 11.3%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 14.3% above the CCG average and 16.2% above the national average. This exception reporting rate for this indicator was 0% which was significantly below the CCG average of 5.1% and the national average of 6.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Inadequate



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing above local and national averages. A total of 285 survey forms were distributed and 108 were returned. This represented a 38% response rate and was equivalent to 4.9% of the practice's patient list (at the time of the survey).

- 95% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.

- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 90% 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 77% and the national average of 78%.

As part of our inspection we reviewed information we had received from the public about the practice and information collected in surveys undertaken by the practice. Feedback from patients about the practice was strongly and consistently positive.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure significant events and incidents are investigated thoroughly and learning identified including the reporting of events externally where required.
- Ensure staff providing care and treatment to patients have the competence, skills and experience to do so safely.
- Ensure the proper and safe management of medicines
- Ensure systems are operated effectively to assess, monitor and improve the quality and safety of service provided and to identify and assess risks to the health and safety of service users
- Ensure systems are in place to support obtaining the required pre-employment checks for newly appointed staff.

- Ensure policies and procedures are followed by staff and embedded within the practice

### Action the service **SHOULD** take to improve

- Improve the awareness of staff in relation to safeguarding arrangements
- Consider the training needs of staff including face to face training
- Ensure mechanisms are in place to record and act upon verbal feedback
- Consider auditing patient waiting times and demand for appointments
- Ensure effective recall systems are in place for patients with long term conditions

# Dr Mark Stevens

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector and a CQC medicines inspector.

## Background to Dr Mark Stevens

Dr Mark Stevens is a single handed GP providing primary medical services to approximately 1500 patients in the Mapperley Park and St Ann's area. The practice is also known as Mapperley Park Medical Centre and is located at Malvern House, 41 Mapperley Park Road, Nottingham, NG3 5AQ.

The practice holds a General Medical Services (GMS) contract for the delivery of general medical services. The GMS contract is the contract agreed between general practices and NHS England for delivering primary care services to local communities.

Opening times are between 8.30am and 1pm each morning and 2pm to 6.30pm each afternoon with the exception of Thursday afternoon when the practice is closed. The practice operates an open access system for GP appointments each morning and patients are guaranteed a same day appointment if requested in person before 11.15am (or via telephone for specific groups of patients). Prebookable appointments are available in advance for afternoon surgery which runs from 4pm to 6.30pm Monday to Friday (with the exception of Tuesday when baby clinic is operated and Thursday when the practice is closed).

The level of deprivation within the practice population is above the national average with the practice population falling into the third most deprived decile. Income deprivation affecting children and older people is above the national average.

The clinical staff comprises of a full-time GP (male) and a part-time healthcare assistant. The practice had recently recruited a new practice nurse who was due to start in May. Locum GPs are used to cover the primary GP in their absence.

The non-clinical team includes a part-time practice manager and five part-time reception and administrative staff.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury.

The practice has previously been inspected on the following dates:

- 14 January 2014, 14 August 2014 and 10 November 2014 based on the former inspection methodology which focused on specific outcomes.
- 13 and 14 March 2015 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.
- 1 December 2015 - The practice was rated inadequate overall and remained in Special Measures as it had not made the required improvements to achieve compliance with the regulations.
- 2 June 2016 – This was a focused inspection in response to information of concern indicating the provider was not meeting the conditions of its registration.

# Detailed findings

- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.
- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.

We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.

## Why we carried out this inspection

Dr Mark Stevens was placed into special measures in June 2015. We undertook a comprehensive inspection of Dr Mark Stevens in September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to check that improvements had been made. Following the inspection in September 2016, the practice was rated as inadequate for providing safe, effective and well led services.

Following the inspection on 1 September 2016, we took urgent action using our enforcement powers to suspend the provider's registration for a period of three months. We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.

We undertook a follow up inspection on 25 April 2017 to check that the provider had made improvements and to ensure they were meeting legal requirements. This inspection was also carried out to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including Nottingham City Clinical Commissioning Group (CCG) and NHS England, to share what they knew.

We carried out an announced visit on 25 April 2017. During our visit we:

- Spoke with a range of staff including the GP, the healthcare assistant, the practice manager and reception and administrative staff.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed information where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

**At our previous inspection in September 2016, we rated the practice as inadequate for providing safe services as the practice did not have effective systems in place to ensure the delivery of safe care and treatment. Concerns were identified in relation to the identification and review of significant events, delayed referrals to secondary care, record keeping and staffing levels.**

**Arrangements had improved when we undertook a follow up inspection in April 2017, however there were still areas where improvements were required. The practice remains rated as inadequate for providing safe services.**

### Safe track record and learning

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

- Staff informed the practice manager or the GP about significant events or incidents within the practice. Recording forms were available as hard copies and on the practice's computer system to enable events to be recorded.
- Significant events and incidents were reviewed on a weekly basis with all staff at the practice's team meeting.
- We reviewed significant events and incidents records since the practice had reopened in December 2016. We found that a range of events had been recorded by different groups of staff. We saw evidence that events were discussed with relevant staff in a timely manner.
- However, the identification of learning and required actions from significant events needed to be strengthened. For example, the practice had recorded an issue related to a locum clinician where a locum GP had cancelled a session at short notice whilst the usual GP was on leave. Although the practice had recorded the event, they had not appropriately identified learning or implemented actions which should be taken if the event was to occur again including reporting the situation to NHS England.

Systems were in place to deal with alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and evidence demonstrated that searches were being run to identify patients affected by alerts and recall

them as required. However, it was unclear if the practice was receiving patient safety alerts (Patient safety alerts are issued via the Central Alerting System (CAS), a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care).

### Overview of safety systems and process

The practice had some systems in place which helped to keep patients safe and safeguarded from abuse. These included:

- Our previous inspection identified concerns regarding the recording of contemporaneous notes. On this inspection we found that there had been significant improvements to record keeping and that notes were made in a contemporaneous manner.
- The practice had arrangements in place to help to safeguard children and vulnerable adults from abuse. Safeguarding policies were in place and were accessible to all staff. The policies reflected relevant legislation and outlined who to contact for further guidance if staff had concerns about the welfare of a patient. Staff demonstrated knowledge of their responsibilities and all had received online training on safeguarding children and vulnerable adults at a level relevant to their role. However, staff were unclear about whom they would contact in the event that a locum was covering the GP.
- The GP was the child and adult safeguarding lead and we saw evidence that they liaised with the health visitor as required to discuss children at risk of harm. The GP provided reports where necessary for other agencies. The GP was trained to child safeguarding level 3 and had undertaken their most recent training in March 2015.
- Information was displayed in the practice which advised patients that they could request a chaperone if required. Staff who acted as chaperones had undertaken online training and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).



## Are services safe?

- Arrangements were in place to ensure the practice maintained appropriate standards of cleanliness and hygiene. During our inspection we observed the practice to be clean and tidy.
- Processes were in place for handling requests for repeat prescriptions which included the management and review of patients being prescribed high risk medicines. As part of the inspection, we reviewed patient records for patients being prescribed high risk medicines; records demonstrated these patients were being appropriately monitored.

However there were areas where systems and processes needed to be strengthened to ensure patients were kept safe. These included:

- Infection control policies and protocols were in place but not all staff were aware of where to find these and staff had not yet received training relevant to their roles. The policies we were provided with as part of the inspection named the recently recruited practice nurse as infection control lead in spite of the fact they had not yet started with the practice. We were informed by the practice that the policy had been updated to reflect their intention for this nurse to commence this lead role when employment with the practice began.
- Infection control audits were undertaken by an external provider and action plans were produced in response to these. The most recent audit had been undertaken in March 2017 and the action plan shared with the practice shortly before the inspection. The action plan identified a number of areas for improvement. The practice did not have plans in place to address these areas at the time of the inspection but told us they intended to address the areas identified.
- We reviewed information related to the recruitment of five members of staff. In most cases we found that appropriate recruitment checks had been undertaken. For example, the practice had obtained proof of identification, evidence of satisfactory conduct in previous employment or character references and the appropriate checks through the Disclosure and Barring Service. However, we were not assured that the practice had systems in place to ensure all checks were completed prior to individuals commencing work with the practice. For example, the healthcare assistant had commenced working for the practice on 8 February 2017 but the date of issue for their DBS was recorded by the practice as being 10 March 2017. The practice could not

provide evidence that they had seen a DBS check from previous employment. In addition, the practice could not provide evidence of having undertaken required employment checks for a practice manager who was working with the practice to support them on a part time basis.

- The system in place for recording evidence of DBS checks needed to be strengthened. The practice recorded the name of the individual, the date of issue of the certificate and the number. However, the practice did not record the full name and date of birth of the individual, the type of check requested, whether the children's and/or adults barred list was checked and the outcome, the position for which the check was requested, the details of the employment decision taken, or any additional information that may require periodic checks to be made.

### Medicines management

- Some of the arrangements for managing medicines, including vaccines, did not ensure that the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms were held securely, computer prescription paper was tracked through the practice and hand written prescriptions were logged out when taken on visits. However, there was no system in place to log the blank prescriptions entering the practice and there was no log maintained of the serial numbers of the prescription pads; this meant the practice could not be clear on what stock of prescription forms and pads they had in the practice at any time. In addition, the practice held multiple prescription pads including pads for prescribers who had left the service.
- We saw evidence that Patient Group Directions (PGDs) had been adopted in some instances by the practice to allow nurses to administer medicines in line with legislation. However, the practice manager was unaware of the requirement for PGDs to be obtained and signed for nurses working within the practice. We saw evidence that there were signed, in date, PGDs in place for some vaccinations which had been authorised by the GP and signed for use by one of the locum nurses. We were not assured that there was a robust system in place to ensure that PGDs would be adopted and signed for all nurses working within the practice.
- Evidence indicated that the fridge temperature was being monitored daily however there was no evidence

# Are services safe?

of actions taken when readings were recorded that were outside the safe range and staff were not recording that the temperature had been reset. Staff recording temperatures were not familiar with practice's policies regarding the management of vaccines and were unable to describe the acceptable range and the actions to take if temperatures were outside of range. In the past two months the temperature of the fridge was higher than the safe range on eight occasions. There was a data logger in place but there was no evidence of information from this being downloaded regularly or in response to temperatures that were outside of range.

- The recent infection control audit undertaken by an external agency in March 2017 had identified concerns related to vaccine management but we were told that there had not yet been time to address these issues. Evidence demonstrated that there had been a discussion about the requirement for training at the practice's team meeting on 28 March 2017. The practice manager was investigating the provision of cold chain training for the healthcare assistant and the nurse who was to start 8 May 2017.

## Monitoring risks to patients

Some risks to patients, staff and visitors were assessed and managed; however, there were areas where improvements needed to be made.

- General arrangements to manage health and safety within the practice needed to be strengthened. The health and safety policy provided by the practice placed responsibility on the practice manager for ongoing health and safety monitoring and management; however the practice manager was not aware that this was part of their role.
- General premises risk assessments had been undertaken by external consultants supporting the practice in 2015; however, the practice could not provide evidence to demonstrate that any of these risks had been reviewed since the assessments were undertaken or since any new staff had started in post.
- The practice had a fire risk assessment in place and we saw evidence that fire extinguishers were maintained. Checks of the fire alarm system had been undertaken however, the frequency of these checks had decreased two months prior to our inspection.
- A legionella risk assessment had been undertaken by an external company which recommended monthly testing

of water temperatures. Evidence indicated that this was not always taking place on a monthly basis. For example water temperatures were recorded as having been tested on 4 January 2017, 3 March 2017 and 22 April 2017.

- Some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rota systems were operated to ensure there were enough staff on duty and reception staff provided cover for each other in the event of absence or annual leave.
- The practice manager position had originally been shared by two part time practice manager; however one of the practice managers had recently left. The practice had decided not to recruit another practice manager but to recruit a senior administrator with NHS experience. This recruitment was ongoing.
- At the time of the inspection, the practice did not have a practice nurse and had been relying on locum nursing cover. GP locums had been used to cover absences of the GP in February and March. There had been occasions when the practice had failed to find cover for clinical staff due to booked staff cancelling at short notice or failing to turn up. We saw evidence of a number of occasions when the practice was staffed by locum staff and administrative staff with no managerial cover. This presented a risk that administrative staff might have to deal with a situation arising from a locum not attending for a booked session. The practice had not formally assessed this risk and did not have robust contingency plans in place should this occur.
- The nurse scheduled to start with the practice in May 2017 did not have a background in practice nursing. As such they required training in areas including childhood immunisations, travel vaccinations and cervical cytology. At the point of our inspection, arrangements had not been made to ensure locum nursing cover was in place to enable these services to be provided for patients whilst the nurse underwent training.
- The practice could not provide when requested evidence to demonstrate that the competency of the healthcare assistant had been assessed. The healthcare assistant had been employed by the practice since February 2017 and was undertaking a range of clinical tasks which included blood pressure checks, ECGs, phlebotomy and foot checks for patients with diabetes.



## Are services safe?

The practice had not taken action to assure themselves of the competency of the healthcare assistant to undertake these tasks and had not identified the risk associated with this.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received online basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were available although not all staff were clear as regards to their location.
- The practice had a business continuity plan in place covering major incidents such as power failure or building damage. However, there were areas where the plan needed to be reviewed and updated. For example the plan did not contain contact numbers for staff members and the communication cascade had not been completed meaning it was not clear who would have responsibility for contacting whom in the event of an incident. Although the plan identified a local buddy practice who would provide cover for the practice in the event of a GP not being available, the practice manager and GP told us this had not been agreed with the buddy practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection in September 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of delivering care in line with evidence based guidance and completion of contemporaneous clinical records required significant improvements.**

**These arrangements had significantly improved when we undertook a follow up inspection in April 2017. The provider is now rated as good for providing effective services.**

### Effective needs assessment

- Evidence based guidance and standards were used by the GP to assess the needs of patients and deliver care; these included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.
- The GP had online access to guidelines from NICE and local guidelines and used these to deliver treatment that met patients' needs. The GP also attended a GP update course annually.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 92.8% of the total number of points available. This was 0.4% below the CCG average and 2.6% below the national average.

The exception reporting rate within QOF for the practice was 8.3% which was 0.8% below the CCG average and 1.5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators 90.3% which was 8.3% above the CCG average and 0.5% above the national average. The exception reporting rate for indicators related to diabetes was 7.7% which was below the CCG average of 9.9% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 3.6% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 1.8% which was below the CCG average of 4% and the national average of 3.9%.
- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 18.9% which above the CCG average of 11% and below the national average of 11.3%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 14.3% above the CCG average and 16.2% above the national average. This exception reporting rate for this indicator was 0% which was significantly below the CCG average of 5.1% and the national average of 6.8%.

Data provided by the practice (not yet externally verified) as part of the inspection indicated that they had improved their QOF performance for 2016/17.

The GP told us that the practice operated a recall system for patients with long term conditions which involved patients being recalled for a review in the month of their birthday. However, other staff within the practice were not able to explain to us how this process would be operated or who had responsibility for recalling patients. We were informed that this area had been led by the previous practice manager but there was no clarity regarding who would be recalling patients in the future.

There was evidence of quality improvement including clinical audit:

- We saw evidence that alerts had been undertaken in response to medicines alerts, high risk medicines and NICE guidance. These included audits of citalopram (a medicines often used in the treatment of depression),

# Are services effective?

## (for example, treatment is effective)

an audit of monitoring of DMARDs (disease-modifying anti-rheumatic drugs; a category of otherwise unrelated drugs defined by their use in rheumatoid arthritis to slow down disease progression) and audit related to hypertension.

- Two cycle audits demonstrated quality improvement. For example, warnings had been added to the records of patients being prescribed DMARDs indicating when blood tests were due.
- Following concerns identified at previous inspections in relation to the timeliness of referrals, we saw that the practice had implemented a system to track and review the timeliness of referrals. This was being completed and monitored regularly and we saw that the vast majority of referrals were being made in a timely manner.
- As part of our inspection we reviewed a sample of patients on the practice's registers for mental health, depression, dementia, learning disability, diabetes and COPD (chronic obstructive pulmonary disease). This review demonstrated that significant improvements had been made to the recording of contemporaneous notes for patients and indicated that patients were receiving effective treatment in line with evidence based guidance.

### Effective staffing

During our inspection we saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- Following the suspension of the provider's registration in September 2016, the practice had lost a number of members of staff. A new staff team had been recruited during the suspension period and we saw evidence that newly appointed staff had been provided with inductions covering their roles and training including safeguarding, fire safety, information governance and basic life support. All training courses were completed online with the exception of some reception staff training provided externally.
- At the time of the inspection, the practice did not have a practice nurse in place. A nurse had recently been recruited but did not have a background of working as a practice nurse. We saw evidence that training had been arranged in areas including travel vaccinations, childhood immunisations, diabetes and cervical cytology.

- The staff team working within the practice had all been recently recruited and had therefore not yet received appraisals. There was evidence of ongoing support meetings for staff.
- Staff had some access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and coaching and mentoring. The GP attended weekly practice meetings and used these as an opportunity to cover different topics. However, the administrative team were all newly recruited and none of the team had experience of working in primary care; this meant there was limited scope for staff to share knowledge of systems and processes.
- Staff had access to and made use of e-learning training modules but feedback from staff indicated that they would benefit from more face to face training.

### Coordinating patient care and information sharing

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

There was a coordinated approach to the delivery of care for patients who had more complex needs. We saw evidence that staff worked together and with community based health and social care professionals to understand and meet the needs of patients and to assess and plan ongoing care and treatment. For example, when patients moved between services, including when they were referred to another service or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis to discuss patients at risk of admissions to hospital, or who had been admitted. Patients with palliative care needs were also discussed and reviewed on a monthly basis. Care plans were reviewed and updated for patients with complex needs.

### Consent to care and treatment

Consent for care and treatment was sought from patients in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- 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, assessments of capacity to consent were undertaken in line with relevant guidance.
- In situations where it was unclear if a patient had capacity to consent to care or treatment an assessment of the patient's capacity was undertaken and the outcome recorded.

## Supporting patients to live healthier lives

Patients in need of support were signposted or referred to relevant services. This included patients receiving end of life care, carers and patients requiring advice on their diet, smoking and alcohol cessation.

Published data from QOF showed that the practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 81% and the national average of 81%. This data pre-dated the suspension of the provider's registration; data provided as part of the inspection demonstrated that 74% of currently eligible patients had a record of a cervical screening test in the previous five years.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. We saw information displayed within the practice to promote attendance at screening programmes. Published data showed that the practice's uptake rates were in line with local and national averages. For example, the practice uptake rate for breast cancer screening was 69% which was marginally below the CCG average of 72% and the national average of 73%. The uptake rate for bowel cancer screening was 56% which was marginally above the CCG average of 54% and marginally below the national average of 58%.

Published data for childhood immunisations indicated that childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 93% and the practice had achieved the 90% standard in three of four areas. Immunisation rates for vaccinations given to five year olds were below the CCG average at 80%; this indicated that 12 of the 15 eligible children had received their immunisations.

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

# Are services caring?

## Our findings

**At our previous inspection in September 2016, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.**

### Kindness, dignity, respect and compassion

During the inspection we saw that members of staff behaved in a polite and helpful manner towards patients and treated them with respect; this included dealing with patients face to face and over the telephone.

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

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

We reviewed feedback from patients as part of the inspection which included reviewing the results of the national GP patient survey and reviewing the results of a recent survey undertaken by the practice. The practice survey had been undertaken in April 2016 and 31 responses had been received; all 31 patients were reported as being fully satisfied with their consultation and highlighted the professional and honest service they felt was provided.

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

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 98% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

The results of the practice's survey in April 2017 indicated that patients told felt involved in decisions made about care and treatment they received and indicated that options were explained to them.

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care including the provision of translation services for patients who did not have English as a first language. In addition.

### Patient and carer support to cope emotionally with care and treatment

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers; this was equivalent to around 2.4% of the practice's current patient list. A range of information was available within the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, they were contacted where appropriate. This contact was either followed by the offer of a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service if required.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection in September 2016, we rated the practice as requires improvement for providing responsive services as the services provided did not always take into account the needs of the people using the service. In addition we found that improvements were still required as the arrangements in respect of recording, investigating and learning from complaints needed improving.**

**Some of these arrangements had improved when we undertook a follow up inspection in April 2017. However, improvements were still required in respect of arrangements for recording and learning from patient feedback. The practice is still rated as requires improvement for providing responsive services.**

### Responding to and meeting people's needs

We saw evidence that the practice had taken in respect of concerns identified to improve the service they offered to patients. For example:

- The lead GP had worked with mentors to improve recording on the clinical system including the recording of contemporaneous notes.
- Action had been taken to ensure the practice responded appropriately to medicines alerts.
- Some improvements had been made to the online services offered by the practice including the introduction of online appointment booking and electronic prescription services. These services were implemented on the day of the inspection so there was no feedback available about uptake and usage of these services.

The practice aimed to ensure the needs of their patients were met. For example:

- The premises were accessible for patients with a disability and all services were provided from the ground floor.
- Extended hours services were not offered by the practice although same day appointments were available for children and all patients who required them through a sit and wait service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

However, there were some areas where improvements were still required:

- The practice's website had limited information about the range of services which were provided by the practice. For example, there was no information about the nursing services provided by the practice.
- At the time of the inspection, there was no regular access to a female clinician. The practice had recently recruited a female nurse who was due to start in May 2017.

### Access to the service

The practice opened from 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday closing for one hour from 1pm to 2pm. The practice was closed on Thursday afternoons. An open access appointment system was operated each morning for GP appointments. Patients who presented at the practice before 11.15am were guaranteed an appointment with the GP the same day. For appointments for young children and older people, they could contact the practice by 11.15am by telephone. Pre-bookable appointments were available on Monday, Wednesday and Friday afternoons from 4pm to 6.30pm. A baby clinic was operated each Tuesday afternoon.

Pre-bookable appointments could be booked up to six weeks in advance although there was typically a waiting time of two weeks for a routine appointment.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.

However, patient feedback about waiting times was below local and national and national averages:

- 38% of patients usually waiting 15 minutes or less to be seen compared to the CCG average of 61% and the national average of 65%

# Are services responsive to people's needs?

(for example, to feedback?)

- 39% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 55% and the national average of 58%

A survey undertaken by the practice in April 2017 considered the view of patients on waiting times; of 31 responses, three patients raised an issue with regards to waiting times although the vast majority of patients had no concerns about waiting times.

The open access appointment system which was operated each morning meant it was difficult for the practice to predict the demand for appointments. We saw numerous examples of patients waiting in excess of an hour for appointments. The practice told us they had not done any analysis of waiting times or of demand for appointments on specific days; this meant it was difficult to know in advance when morning surgery would end. For example, we saw an example from the week before the inspection when morning surgery had continued until 3pm. Patients were told they did not have to wait at the surgery but could telephone reception to ascertain when they might expect to be seen.

## Listening and learning from concerns and complaints

The practice had some systems in place to handle complaints and concerns although there were limited mechanisms to record verbal feedback.

- The complaints policy and procedure for managing complaints were in line with contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including leaflets.

The practice informed us they had not received any complaints since reopening in December 2016. However, during our inspection we were given examples of feedback which had been received verbally by the practice which had not been recorded and shared. For example, the practice received some negative comments in respect of waiting times to be seen by a GP. These comments were not logged meaning that there was limited opportunity to identify trends or investigate issues where appropriate.



# Are services well-led?

Inadequate 

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

## Our findings

**At our previous inspection in September 2016, we rated the practice as inadequate for providing well-led services. This was because governance arrangements were not being operated effectively.**

**Although arrangements in some areas had improved; we were still not assured that the practice had adequate governance arrangements in place to ensure the provision of high quality care and treatment.**

**Inspections of the provider undertaken since January 2014 demonstrated repeated breaches of regulation. The practice was placed into special measures in 2015 but has failed to implement effective governance arrangements to enable them to ensure compliance with the Health and Social Care Act (2008) Regulation 2014.**

### Vision and strategy

- The practice told us they were focussed on providing a quality service and believed this was valued by their patients. Staff were committed to the practice and to the delivery of a high quality service.
- A new team of staff had been recruited by the practice and we saw evidence further recruitment was ongoing.
- The practice had been focussed on ensuring improvements were made following the inspection in September 2016 and the subsequent suspension.
- However, the practice did not have a clear vision for the future or a strategy in place to support this. There was no documented business plan in place for the practice; although the GP told us they were considering merging with another practice they informed us this had not been discussed this with the other practice.

### Governance arrangements

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

There was a clear staffing structure in place; however, roles and responsibilities were not always clear. For example:

- There was a lack of clarity regarding who had responsibility or health and safety within the practice, the policy defined this as the practice manager but the practice manager was unaware of this aspect of their role.
- The infection control policy identified the practice nurse who had not yet started as one of the practice's infection control leads.
- The GP informed us that the practice operated a recall system for patients with long term conditions which involved patients being recalled in the month of their birthday. However, the practice manager and other administrative staff were unaware of how the recall system should be operated.
- There was a lack of clinical mentoring provided for the healthcare assistant and the practice could provide no evidence of having undertaken assessments of their competency to undertake clinical tasks.

Arrangements in place to identify, record and manage risks were not being operated effectively within the practice. For example

- The practice had not identified the risk of administrative staff working within the practice with no managerial support when the GP was absent.
- General and premises risk assessments had not been reviewed or updated since the practice reopened or the new staff team was recruited.
- Learning from significant events and incidents was not always identified.
- Arrangements to track prescriptions through the practice were not operated effectively and the practice had not assessed the risk of holding stocks of prescription pads for prescribers who had left the practice.

The practice had a range of policies and procedures in place to govern activity; however staff were not always familiar with policies and where to locate specific policies. We were not assured that the policies were being followed within the practice. For example:

- Staff were unfamiliar with policies regarding the maintenance of the cold chain and the management of vaccines. Staff were recording fridge temperatures on a daily basis but were unclear as to why this was being done or what temperatures should have prompted them to take action.

# Are services well-led?

Inadequate 

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

Systems were not operated effectively to ensure that data or information was provided to external organisations as required. For example,

- The practice had notified NHS England in relation to a GP session not being covered in the absence of the GP
- In line with conditions on the provider's registration there was a requirement to submit reports to the CQC on a monthly basis demonstrating contemporaneous note recording was taking place. Reports were not submitted in January, February or March.

## Leadership and culture

The GP and the practice manager told us during the inspection that they prioritised safe, high quality care. Staff told us the GP and the practice manager were approachable and took time to listen to all members of staff. Staff working within the practice were positive about the support they received.

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

- We saw evidence that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Feedback from staff indicated they felt respected, valued and supported by the GP and the practice manager. All staff were involved in discussions about how to run and develop the practice.
- Staff were positive about the team approach taken within the practice to ensure they met the needs of patients.

However, our inspection identified a number of concerns which meant we were not assured that GP and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care.

The practice manager and administrative team were all recently recruited to the practice and none had previous experience of working in primary care prior to their recruitment. This meant that there was a lack of experience and knowledge within the team in respect of the daily management of general practice. Although the practice

manager had been receiving support from other local practice managers there were still areas which were not being effectively managed and for which there was no effective oversight. At the time of the inspection the practice was advertising for a senior administrator role (with previous general practice experience) to support the part-time practice manager. Whilst we identified improvements in the recording of patient notes and the management of medicines alerts, we were not assured that the GP had the capacity to have oversight of the provision of the regulated activities and to ensure compliance with the regulations. For example, the GP was undertaking nursing tasks in the absence of a practice nurse including reviews of patients with long term conditions and childhood immunisation. In addition evidence indicated that the GP was working extremely long hours and had limited time to discuss governance issues with the practice manager or to maintain an overview of what has happening on a day-to-day basis.

We saw limited evidence that systems were in place to ensure that things went wrong with care and treatment affected patients were offered support, information and apologies. The practice did not keep records of verbal feedback from patients.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG meetings minutes were shared with patients on the practice's website; however, these had not been updated since 2015.
- The practice had gathered feedback from staff through meetings, appraisals and general discussions. Staff told us they would be open in giving feedback and would not hesitate to discuss any concerns with colleagues or the practice manager. Staff told us they felt involved and engaged to improve how the practice was run.

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The provider is failing to ensure care and treatment are provided in a safe way; this included identified concerns in respect of the reporting and recording of significant events, pre-employment checks for staff employed at the practice and the safe and proper management of medicines.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The provider is failing to ensure systems and processes are operated effectively to assess, monitor and mitigate risk to the health, safety and welfare of service users and others who may be at risk. This included arrangements in respect of health and safety, the assessment of staff competency and staff cover.