Dr Mark Stevens

Quality Report

Mapperley Park Medical Centre
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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?	Inadequate
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 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. The overall rating of inadequate still applied.

We carried out an announced comprehensive inspection at Dr Mark Stevens on 1 September 2016. Overall the practice is rated as inadequate.

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

- The system in place for reporting, recording and analysing significant events did not ensure all staff were aware of their responsibilities. We found examples of clinical incidents that had not been analysed in a systematic way to inform any changes that might lead to future improvements.

Summary of findings

- The practice was not receiving all of the available patient safety alerts. Records reviewed showed staff had not taken appropriate action in response to some of the medicine related alerts issued by external agencies.
- Some patients were at risk of not receiving effective care or treatment. For example, clinical staff did not always assess patients' needs and deliver effective care in line with current evidence based guidance and contemporaneous patient records were not always maintained for every patient consultation.
- Referrals to secondary care were not always acted upon in a timely manner to ensure coordinated care and treatment for patients.
- Although some improvements had been made to the assessment of risks relating to the health, welfare and safety of patients; patients were still at risk of harm because effective systems were not in place or sustained to ensure identified risks were sufficiently mitigated and their management was embedded. For example: medicines management; risks relating to the environment and service delivery.
- Although nationally reported data showed most patient outcomes were below the local and national averages, 2015/16 data showed improvements had been made in respect of the management of some long terms conditions and uptake rates for health reviews and cancer screening.
- Clinical audit was used to identify areas of good practice and/or improvement. Most audit cycles were due to be repeated in six to 12 months to measure the improvements made.
- Improvements had been made to ensure sufficient non-clinical and clinical staff were in post. This included recruiting a part-time GP locum, five reception staff and a part-time practice manager. However, the induction process required improvement to ensure it was comprehensive and that staff were supported with appropriate mentoring and key training at the start of their employment.
- The practice had sought feedback from patients and had an active patient participation group (PPG). However, on this occasion the PPG had provided limited input to drive service improvement and patient feedback (friends and family test results) had not been analysed to improve service provision.
- Patient feedback was overwhelmingly positive about the way staff treated people and all patients confirmed they had consistently received patient centred care and felt valued as individuals. The high level of compassion and respect provided was highlighted in the national GP patient survey, comment cards and patients we spoke with to during the inspection. For example, 100% of the respondents to the national survey said the last GP they spoke to was good at treating them with care and concern compared to the local and national averages of 85%. A number of patients gave specific examples of the GP visiting at weekends and evenings to ensure patients received continuity of care and families were supported.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with same day appointments available for both urgent and routine appointments.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider must make improvements are:

- Ensure an accurate and contemporaneous record is kept for each patient, with detailed information in relation to their assessment of needs, planning and delivery of care.
- Ensure effective systems are in place for care and treatment to be delivered in line with national guidance and best practice guidelines. This is important to ensure patients receive appropriate care and reviews.
- Maintain records to evidence the receipt of and actions taken in respect of nationally available patient safety information including Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure prescribing remains safe.

Summary of findings

- Implement an effective system that ensures improvements are made to the review and management of high risk medicines and essential monitoring required. In addition, all clinicians must work in line with defined shared care guidelines.
- Maintain up to date records concerning the management of the regulated activities. This includes ensuring practice policies and procedures are appropriate, discussed with staff and implemented in practice.
- Implement a comprehensive induction process and clear system to monitor the completion of staff training relevant to their roles and responsibilities. This should include assurance that appropriate staff have completed mandatory training.
- Ensure effective governance, including assurance and auditing processes that drive improvement in the quality and safety of the services is in place. This includes both clinical and non-clinical governance arrangements that identifies, assesses and manages risks to patient safety; as well as monitors the quality of services provided.
- Ensure there is effective leadership capacity to deliver all improvements including increased practice management support.

  The areas where the provider should make improvement are:

- Improve arrangements for logging and acting upon concerns received from patients to enable improvements to be made.
- Improve the practice website to ensure it contains relevant and up to date information and on-line services are provided for patients in line with contractual agreements.
- Review the meeting frequency and role of the patient participation group to maximise patient feedback in the improvement of services.

Due to the nature of the concerns identified on this inspection, this practice remains in special measures and urgent enforcement action has been taken to protect the safety and welfare of people using this service. The provider's registration been suspended for a period of three months. Specifically, the carrying out of the following regulated activities: Treatment of Disease and Disorder and Diagnostic and Screening Procedures from Mapperley Park Medical Centre, 41 Mapperley Road, Mapperley Park, Nottingham, Nottinghamshire NG3 5AQ.

The suspension took effect from 12pm on 7 September 2016 until 9am 7 December 2016. The Nottingham City clinical commissioning group and NHS England had plans in place to ensure all risks to patient safety are reviewed. The practice will be inspected again before the final date of suspension to check if insufficient improvements have been made.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because effective systems were not in place or embedded to ensure the delivery of safe care and treatment.
- The system in place for reporting, recording and analysing significant events did not ensure all staff were aware of their responsibilities. We found some clinical incidents were not investigated as significant events. This included delayed referrals to secondary care services and prescriptions not always being updated following instructions from hospital based professionals.
- The practice had not received safety alerts since June 2016 following the previous practice manager ending their employment. As a result, there was no process in place to review patient safety information which had the potential to affect the health and safety of patients.
- Medicine related alerts were not always acted upon by the GP and this did not ensure safe prescribing and the holistic review of patients' care. In addition, the absence of records did not assure us that essential blood monitoring and tests were undertaken for patients prescribed high risk medicines.
- The practice had recruited a new team of non-clinical staff and appropriate pre-employment checks had been undertaken. However, there were occasions of insufficient staffing cover including practice management support..
- Health and safety related risks were assessed and mostly well-managed including the premises, environment and equipment. Infection control audits were undertaken and most of the improvement actions had been acted upon.
- The practice had suitable arrangements in place to keep people safe and safeguarded from abuse. Staff had been trained in safeguarding vulnerable adults and children at a level that was relevant to their role and understood how to raise concerns.
- The practice had arrangements in place to respond to medical emergencies and new staff were scheduled to attend basic life support training in October 2016.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

Summary of findings

We found improvements made since our previous inspections had not been sustained and / or embedded to ensure the care and welfare of patients. Specifically, the provider had not protected some patients against the risks of receiving inappropriate care and treatment by carrying out an appropriate assessment and review of their health and medicines needs. For example:

- Some of the patient records we reviewed showed care and treatment was not delivered in line with recognised professional standards and guidelines.
- Nationally reported data showed the practice performed below local and national averages for most clinical areas assessed with an overall achievement of 84.2%. However, practice supplied data for 2015/16 showed improved QOF achievements with an overall achievement of 93%. This data was yet to be verified and published.
- Clinical audits were undertaken within the practice to support improvement.
- All of the non-clinical staff had recently been recruited. Suitable arrangements were not in place to ensure that staff received a comprehensive induction and were appropriately supported with training and supervision.
- Coordination of patient information was mostly well managed with the exception of secondary care referrals. There were significant delays to some people being referred to other local hospitals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data reviewed showed improved uptake rates for childhood immunisations children and a range of health screening and checks.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed the practice team treated patients with kindness, dignity and respect throughout our inspection.
- Patients we spoke to and feedback received on our comments cards described interactions with staff as very positive. Patients felt they received a compassionate service and were truly respected and valued as individuals.
- This was aligned with the national GP survey results which showed patients were fully involved in decisions about their care and treatment. The satisfaction scores were significantly above local and national averages for almost all aspects of care. For example:

Summary of findings

- 100% of the respondents said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) and national averages of 85%.

- 97% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.

- Patient feedback highlighted the GP undertook home visits in the evenings and at weekends to ensure patients received care in their preferred place and that continuity of care was maintained. Specific examples given related to patients receiving end of life care, those recovering from cancer and / or experiencing poor mental health. Patients and relatives we spoke to articulated the positive impact this had on their emotional wellbeing and how the GP had acted above and beyond their duty of care in providing support at this difficult time.
- The practice had identified 2.8% of their patients as carers and information was available to signpost them to relevant support services.
- Following the death of a patient, the GP provided bereavement support to relatives and this included signposting to support services, health reviews and / or referrals for counselling.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services and improvements should be made.

- The needs of most patients had been taken into account when planning services. However, online services were not available to enable patients to book appointments, request repeat prescriptions and view their summary care record.
- The practice had recently engaged the Royal College of General Practitioners (RCGP) support team to provide guidance and advice on driving improvement to patient care. A tailored plan was still being developed at the time of our inspection.
- The practice had focused on the needs of patients with long term conditions and made improvements to patient outcomes as a result. This included the review of long term conditions such as diabetes, asthma and renal disease; and promotion of patient education to reduce the risk of these diseases.
- Patients we spoke to and comment cards received demonstrated that people found it easy to make an appointment with a GP and there was continuity of care, with urgent and routine appointments available the same day.
- This was reinforced by the national GP survey results published in July 2016 which showed 85% of patients described their

Summary of findings

experience of making an appointment as good compared to the local and national averages of 73%. Lower satisfaction scores were achieved for waiting times; a resulting feature of the open access system used for GP morning appointments.

- The survey results also showed improvements had been made to reduce the waiting times for patients. For example, 62% (a 21% improvement) usually waited 15 minutes or more after their appointment time to be seen compared to the local average of 39% and national average of 35%.
- Policies and procedures for managing complaints had been updated and information about how to complain was available in the patient waiting areas. Although the practice had not received any formal complaints since our last inspection, we were not assured that verbal concerns documented in the GP message book were responded to timely and appropriate action was taken.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice had a vision and a strategy in place but limited improvements had been secured since our previous inspections. For example, sufficient improvements had not been made to ensure the lead GP had effective arrangements in place to oversee that good clinical care and treatment was provided to patients.
- The GP demonstrated some insight into the risks exposed to patients and in June 2016 had signed up to the Royal College of General Practitioners (RCGP) peer support programme for practices placed in Special Measures. At the time of inspection, the RCGP were still in the process of supporting the practice to develop an improvement plan to address concerns identified at our inspections.
- We found continued breaches in regulations relating to safe care and treatment and good governance in particular. This demonstrated systematic failure in providing good care and that the lead GP did not have the necessary knowledge, capacity or capability to lead effectively and drive improvement.
- Data and notifications were not submitted to external organisations as required. For example new patients had been registered with the practice without the agreement of the Care Quality Commission and this was in breach of the provider's condition of registration

Summary of findings

- The governance arrangements in place were not effective to ensure safe, effective, and responsive care and treatment was provided for the patients. For example, due to part-time working arrangements, the practice manager had limited capacity to oversee the day to day running of the service and support newly recruited staff.
- The practice had a number of policies and procedures to govern activity but not all procedures were implemented in practice.
- The practice had an active patient participation group (PPG). However, PPG input was not sought regularly to help drive service improvement.
- There was a clear leadership structure and staff told us that the management team were helpful and listened to them.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group. There were, however, examples of good practice.

- Patients aged 75 years and over had a named GP to provide continuity of care.
- Longer appointment times were available, and the practice was responsive in offering home visits for older people unable to attend the practice.
- Influenza, pneumococcal and shingles vaccinations were offered in accordance with national guidance.
- Nationally reported data showed outcomes for conditions commonly found in older people were lower than the local and national averages. However, practice supplied data for 2015/16 (yet to be verified and published) showed improved outcomes for conditions such as osteoporosis and rheumatoid arthritis.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- Referrals to secondary care were not always made in a timely manner and as a result some patients experienced long waiting times and / or delays to accessing care and treatment.
- Records reviewed showed care and treatment of people with long term conditions did not always reflect current evidence-based practice. This included ensuring patient records were contemporaneously documented in respect of the clinical assessment and monitoring undertaken.
- The absence of documented evidence in some patient records meant we could not be assured that essential blood monitoring and tests were undertaken for patients on high risk medicines. In addition routine follow up blood tests were not always completed in a timely manner following initiation of new medicines.

Summary of findings

- Patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice nurse had a lead role in chronic disease management and practice supplied data for 2015/16 showed the review of long term conditions such as diabetes and asthma had improved. The practice nurse also worked closely with the diabetes specialist nurse.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group. There were, however, examples of good practice.

- The 2014/15 immunisation rates were below the local and national averages for most standard childhood immunisations. However, practice supplied data for 2015/16 (yet to be verified and published) showed improved uptake rates.
- Same day appointments were available for children who were unwell and appointments were available outside of school hours.
- The practice welcomed mothers who wished to breastfeed on site and provided a private room if requested. Baby changing facilities were available and a private room was also used as a play and waiting area for younger children when needed.
- The practice worked jointly with the midwife and health visiting team to safeguard children, offer pre-natal and post-natal support including child developmental checks.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group.

- Services did not always meet people's needs. Specifically, the practice did not offer on-line services to enable patients to book appointments, request for repeat prescriptions and access their electronic summary care records.

Summary of findings

- Appointments could only be booked by telephone or in person and there were no early opening hours for patients who worked or students.
- The 2014/15 published data showed a low uptake for patient health checks. However, practice supplied data for 2015/16 (yet to be verified and published) showed improved uptake in health screening programmes for cancer and NHS health checks for patients aged 40-74. This had been achieved through a targeted approach through patient education and improved recall systems to invite patients for reviews.
- Staff signposted patients to weight management programmes, smoking cessation support, and a local service to help reduce alcohol intake.

People whose circumstances may make them vulnerable

Inadequate 

The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The concerns which led to these ratings apply to everyone using the practice including this population group. There were, however, examples of good practice.

- The practice worked with multi-disciplinary teams in the case management of vulnerable people including patients with palliative care needs. Feedback from patients and relatives highly praised the GP for providing a caring and personalised service, and continuity of care whilst patients were receiving end of life care.
- The practice held regular multi-disciplinary meetings to discuss the needs of vulnerable patients including those at risk abuse and / or hospital admission. This facilitated the co-ordination of protection plans to safeguard the patients and / or delivery of integrated care to reduce the number of unnecessary hospital admissions.
- All staff had received training in safeguarding vulnerable adults and children that was relevant to their role. Staff were aware of the different signs of abuse and responsibilities to raise concerns with the GP lead and relevant agencies when noted.

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider was rated as inadequate for safe, effective and well led; and requires improvement for providing responsive services. The issues identified as requiring improvement overall affected all patients including this population group

Summary of findings

- Nationally reported data showed the practice performed significantly below local and national averages for mental health and depression. However, practice supplied data for 2015/16 (yet to be verified and published) showed improved patients outcomes. For example, 88% of eligible patients with a mental health need had a care plan in place compared to a 58% achieved in 2014/15 (30% increase).
- Nationally reported data showed 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was below the CCG and the national averages of 84%. The 2015/16 data showed 78% of patients had their care plan reviewed.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients were also able to access psychotherapy services offered at the practice.

Summary of findings

What people who use the service say

As part of our inspection, we received 19 completed CQC comment cards. All comment cards contained positive feedback about the standard of care and treatment received and the level of service provided by the practice. Patients said they felt all practice staff provided an excellent service and same day appointments when needed. The GP was praised for providing compassionate care that exceeded patient's expectations and for this reason they would recommend the practice to others. Patients highlighted that staff were polite, caring and kind.

We spoke with 10 patients during the inspection. Patient gave positive feedback about the care they received and thought staff were approachable, committed and caring. Patients said they were truly respected and valued as individuals and felt empowered as partners in their care. Feedback from patients demonstrated that staff went the extra mile and the care they received exceeded their expectations.

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 for a number of indicators. A total of 285 survey forms were distributed and 108 were returned. This represented a 38% response rate and equated to 4.9% of the practice's patient list.

- 100% of patients said the last GP they saw or spoke to was good at treating them with concern care and concerns compared to the clinical commissioning group (CCG) and national averages of 85%.
- 95% of patients found it easy to get through to this 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%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG and national averages of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the CCG average of 77% and the national average of 78%.

Areas for improvement

Action the service MUST take to improve

- Ensure an accurate and contemporaneous record is kept for each patient, with detailed information in relation to their assessment of needs, planning and delivery of care.
- Ensure effective systems are in place for care and treatment to be delivered in line with national guidance and best practice guidelines. This is important to ensure patients receive appropriate care and reviews.
- Maintain records to evidence the receipt of and actions taken in respect of nationally available patient safety information including Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure prescribing remains safe.
- Implement an effective system that ensures improvements are made to the review and management of high risk medicines and essential monitoring required. In addition, all clinicians must work in line with defined shared care guidelines.
- Maintain up to date records concerning the management of the regulated activities. This includes ensuring practice policies and procedures are appropriate, discussed with staff and implemented in practice.
- Implement a comprehensive induction process and clear system to monitor the completion of staff training relevant to their roles and responsibilities. This should include assurance that appropriate staff have completed mandatory training.

Summary of findings

- Ensure effective governance, including assurance and auditing processes that drive improvement in the quality and safety of the services is in place. This includes both clinical and non-clinical governance arrangements that identifies, assesses and manages risks to patient safety; as well as monitors the quality of services provided.
- Ensure there is effective leadership capacity to deliver all improvements including increased practice management support.

Action the service SHOULD take to improve

- Improve arrangements for logging and acting upon concerns received from patients to enable improvements to be made.
- Improve the practice website to ensure it contains relevant and up to date information and on-line services are provided for patients in line with contractual agreements.
- Review the meeting frequency and role of the patient participation group to maximise patient feedback in the improvement of services.

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 Inspector and an Expert by Experience.

Background to Dr Mark Stevens

Dr Mark Stevens is a single handed GP providing primary medical services to 2185 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 every morning and 2pm to 6.30pm every 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 before 11.15am. Prebookable appointments are available six weeks in advance for afternoon surgery which runs from 3pm to 6.30pm Monday to Friday (with the exception of Thursday).

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), a female GP who undertakes a Friday morning clinical session (five hours) and a full-time female practice nurse. Locum GPs are used to cover the primary GP in their absence. The non-clinical team includes a co-proprietor (psychologist), a part-time practice manager and five part-time reception / administrative staff.

Dr Mark Stevens is a teaching practice for undergraduate medical students. There were no students on placement at the time of our inspection.

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 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

The practice has opted out of providing out-of-hours care to patients. Out-of-hours care is provided by Nottingham Emergency Medical Service (NEMS) through the 111 number.

Why we carried out this inspection

We inspected this service to check that improvements had been made after it had been placed in special measures in June 2015 for a period of 14 months.

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

We carried out an announced visit on 1 September 2016. During our visit we:

- Spoke with a range of staff including the GP, practice nurse, practice manager and two reception staff.
- We spoke with ten patients who used the service and observed how people were being cared for.
- We reviewed 53 patient records to check if improvements had been made and to corroborate our evidence.
- Reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

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

Inadequate

Are services safe?

Our findings

The safe domain was rated inadequate following the comprehensive inspections undertaken in March 2015 and December 2015. A focused inspection was also carried out on 2 June 2016 due to information of concern and a rating of inadequate still applied as improvements were required. Our overall inspection findings showed sufficient improvements had not been implemented and / or embedded even though enforcement action had been taken against the provider and the practice was placed in Special Measures. For example:

- Effective systems were not in place to ensure the safe prescribing, recording and review of patients' medicines. This did not protect patients against the risks of harm associated with unsafe management of medicines.
- Changes in the practice team meant the needs of patients were not always met by experienced and sufficient numbers of appropriate staff.

At our 1 September 2016 inspection, we found the above issues of concern re-emerging which demonstrated that Dr Mark Stevens (the provider) had failed to sustain improvements and ensure the safe care and treatment for patients.

Safe track record and learning

Records reviewed showed six significant events had been recorded and investigated between December 2015 and August 2016. The events had been analysed and learning points had been discussed with staff.

However, the change in staff members including practice manager had resulted in significant events not being effectively managed. We spoke with three new members of staff who had recently been recruited to post and their feedback demonstrated they had not been fully supported to understand their responsibilities to record safety incidents, concerns and near misses.

- Although the practice had a protocol in place for managing significant events, this had not been shared with all staff to inform their practice. As a result, two staff we spoke with could not fully articulate the process of reporting, investigating, analysing and learning from significant events when asked.
- Staff told us they would inform the GP or practice manager of any incidents or something that gave them cause for concern. However, they were unaware of where to record the information and how to access the recording form.
- A member of staff told us they had reported a significant to the GP but records reviewed showed this had not been recorded and analysed to inform future learning.
- The GP provided records to demonstrate they had reflected on their practice after reviewing eight examples of delayed referrals that had occurred between January and May 2016. However, the GP had failed to identify and investigate these incidents as significant events when they had occurred. The reflection had also been triggered following a review of the GP's record keeping by NHS England.
- We also identified additional examples of delayed referrals to secondary care and medicines not being added or removed from prescriptions following instructions from secondary care professionals between the period June and August 2016. The recurring pattern of incidents indicated a failure to learn and embed changes.
- The absence of regular peer support for the GP also meant that these and other concerns were not identified and discussed with another clinician. This did not protect patients against the risks of receiving delayed care or treatment.

The system in place for managing and acting upon alerts was not always effective and did not protect patients against the risk of harm. For example:

- The GP was not routinely undertaking searches in response to all alerts that had been received within the practice. For example, a search undertaken by our GP specialist advisor identified that blood tests had not been carried timely for three out five patients affected by a medicine alert issued in February 2016. Records reviewed showed the patients had their blood tests undertaken between June and August 2016 (four to six months later). Although the test results were normal, the clinicians placed the patients at risk of potential harm by failing to respond to this safety alert in a timely way.

Inadequate

Are services safe?

- We found practice staff were not receiving all of the nationally available patient safety alerts since the former practice manager left in June 2016. The practice nurse had identified this shortfall prior to our inspection and requested for the alerts to be shared with them.

Overview of safety systems and processes

The practice did not have effective systems and processes in place to identify, assess and manage risks relating to the health and safety of patients. For example:

Medicines management

The systems in place did not ensure patients prescribed high risk medicines were receiving essential blood monitoring and a regular review of their medicines. For example,

- Records reviewed showed 15 people were prescribed Methotrexate, a disease modifying drug used to treat moderate to severe rheumatoid arthritis. Five of the eight patient records we looked at showed that essential blood monitoring was not taking place in line with recommended guidance; and some patients had not received a medicine review as scheduled in the clinical records with one dating back to 2013. There was an absence of information relating to blood test results in the clinical records for periods of between seven and 17 months. There was no documented evidence to show the GP had taken further action to mitigate the risk of patients receiving unsafe treatment before issuing their medicines. Following our inspection, the GP provided evidence to demonstrate some patients had their blood tests undertaken at the hospital. However, these patient records did not always contain documented evidence to demonstrate that the GP had reviewed these letters and acted appropriately on the results when we reviewed them during our inspection. This evidence demonstrated the record was not being updated in a timely way to show the results of diagnostic tests.
- The British National Formulary (BNF) recommends that blood count and renal and liver function tests should be carried out every two to three months for patients receiving methotrexate. The risks from not appropriately monitoring patients on methotrexate can include death, liver cirrhosis, bone marrow suppression and pulmonary toxicity amongst other side effects.
- On the inspection day, the GP could not provide when requested the shared care guidelines to inform safe prescribing of methotrexate. These guidelines support the seamless transfer of patient treatment from secondary to primary care, and includes information on the GP's responsibilities for prescribing and monitoring the patient's care. Following our inspection, the GP told us these guidelines were kept on the practice's computer system and had been updated in August 2016 but they acknowledged these needed to be more detailed and stated they had plans to do this.
- A total of 243 patients were prescribed drugs used to treat raised blood pressure/hypertension (ACE/A2RB). A search of the clinical records showed 19 patients receiving this medicine had not received a blood test within the past 18 months. Two out of the nine records we reviewed showed an absence of documented evidence to demonstrate the GP had undertaken the required monitoring and that results had been obtained to ensure safe prescribing was maintained. One of the two patients had not been prescribed the medicine despite the hospital's recommendation this was done from July 2016. This placed patients at potential risk of harm and the BNF recommends patients on ACE/A2RB should have renal monitoring every 12 months because of the risks of potential kidney damage.
- Suitable arrangements were in place for managing vaccines. For example, patient group directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. All the medicines we checked were in date and practice nurse monitored fridge temperatures to ensure vaccines were stored within the recommended temperatures ranges.

Staffing and recruitment

The practice had recruited:

- Five part time receptionists between May and August 2016, and two receptionists were due to commence employment in September 2016.
- An interim practice manager in June 2016. They were contracted to work two days a week until a full time practice manager could be employed.
- A female GP in July 2016 and they held a morning clinical session one day a week.

Inadequate

Are services safe?

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. However, part time staff had frequently needed to work additional hours during a time when there were insufficient staffing. There was insufficient practice management support onsite and this did not always ensure the practice was effectively managed.

The practice had effective recruitment and selection procedures in place. We reviewed five personnel files and found documentary evidence of staff interviews and appropriate pre-employment checks. This included proof of identification, employment and educational history, qualifications, references and the appropriate checks through the Disclosure and Barring Service

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Staff had access to relevant policies which clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Records reviewed showed all staff had received up to date training on safeguarding children and vulnerable adults that was relevant to their role. This included all clinicians being trained to level three for safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had been provided with training for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We however noted that one reception staff had been asked to undertake the role of a chaperone without being fully aware of their responsibilities and receiving relevant training. Records reviewed showed subsequent training had been completed a day before our inspection.
- The arrangements for managing infection control practices within the practice required strengthening to ensure they were effective. For example, newly recruited staff had not undertaken infection control training in line with the practice policy. This included training on handwashing, handling samples, use of personal protective equipment (PPE) and reporting incidents. The practice nurse told us they had plans to oversee infection control training for newly recruited staff in the future. An infection control audit had been completed in August 2014 and the practice was due to be re-audited in September 2016 by an external service provider contracted by the clinical commissioning group (CCG). Most of the recommendations from the last audit had been acted upon and reviewed. The carpet in the treatment room had not been replaced to ensure flooring was seamless and smooth, slip-resistant and appropriately wear-resistant. Staff told us the carpets were cleaned on a monthly basis as part of the risk assessment and the practice nurse was fully aware of the risks and actions to take in the event of body fluid spillage.

Monitoring risks to patients

Risks related to the premises, environment and equipment were assessed and mostly well managed.

- There was a health and safety policy available and newly recruited staff had reviewed the content and signed to confirm their understanding.
- Electrical equipment had been tested to ensure it was safe to use and clinical equipment had been calibrated to ensure it was working properly. An external company had completed the tests in February 2016.
- The practice conducted monthly checks of the environment and risk assessments also covered control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A fire risk assessment had been completed in July 2015 and monthly checks for areas such as emergency lighting and fire doors had been completed up to June 2016. The most recent fire drill had been completed in June 2016 and new staff were yet to receive fire training.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. However, newly recruited staff had not received basic life support training at the time of our inspection; although this had been planned for October 2016. Reception staff told us that they would contact the GP or practice nurse immediately if a patient collapsed or looked extremely unwell.

- The practice nurse and GP had received cardio pulmonary resuscitation, basic life support and / or anaphylaxis training.

Inadequate

Are services safe?

- Emergency medicines were stored safely in the treatment room and all the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan required updating to ensure it had the emergency contact numbers for all new staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

The effective domain was rated inadequate following the comprehensive inspections undertaken in March 2015 and December 2015. We found the provider did not always maintain appropriate medical records in respect of the care, treatment and / or support given to some patients. This was a breach of regulations identified at four previous inspections and as a result the Commission took urgent enforcement action to ensure patient safety. This included imposing conditions on the provider's registration with effect from 7 December 2015.

A focused inspection was also carried out on 2 June 2016 due to information of concern and a rating of inadequate still applied as improvements were required. We found care and treatment did not always reflect current evidence-based guidance and best practice in relation to the assessment and monitoring of patient outcomes; and improvements had not been embedded to protect patients from any further risks to their health and welfare. This was in spite of:

- The provider being placed into Special Measures for a period of 12months meant to enable them to make sufficient improvements.
- The provider's assurances that an action plan had been put in place to ensure all GPs would carry out appropriate assessments and record in each patient's record the outcome of the clinical consultation.
- Enforcement action taken by the CQC in respect of non-compliance compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2010); specifically Regulation 12:Safe care and treatment and Regulation 17: Good governance

At this inspection (1 September 2016), we found evidence of continued non-compliance with the requirements of the Regulated Activities Regulations. In line with our enforcement framework we judged the risk of harm to patient safety as extreme and therefore suspended "Dr Mark Stevens" (service provider) from carrying on regulated activities (diagnostic and screening procedures and treatment of disease, disorder and infections) from Mapperley Park Medical Centre from 12pm on 7 September 2016 until 9am on 7 December 2016.

Effective needs assessment

The practice nurse we spoke with had access to NICE guidelines and used this information to deliver care and treatment that met peoples' needs. For example, management of long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases). The nurse collected data, undertook reviews and audits of patient outcomes to monitor compliance with guidance.

Records reviewed did not assure us that the lead GP routinely carried out holistic assessments and delivered care in line with current evidence based guidance and standards for all patients seen. This included the National Institute for Health and Care Excellence (NICE) best practice guidelines and locally agreed guidelines.

In addition, the service provider had not complied with the urgent conditions imposed on 7 December 2015 which were in place to protect patients from any further risks to their health and welfare. The imposed conditions are:

1. New patient registration – "Dr Mark Stevens must not register any further patients without the prior written agreement of the Care Quality Commission."

We found five new patients had been registered and this excluded new babies born to mothers registered with the practice and patients living in the same household of patients registered with the practice.

1. Completion of electronic patient records following consultation: - "Accurate contemporaneous notes of all patient consultations carried out at the practice must be recorded immediately on patients' electronic records going forward."

We looked at a total of 53 patient records and some records did not evidence that an adequate assessment of the patient's condition had been based upon their medical history, clinical signs and where necessary, appropriate examination or treatment had been provided. Some patient records also showed the details of the telephone or face to face consultation was not contemporaneously recorded. This increased the risk of patients receiving inappropriate treatment due to the lack of recorded patient notes.

Inadequate

Are services effective?

(for example, treatment is effective)

1. Report progress to CQC: - "Dr. Mark Stevens must send to the CQC each month an independent report providing assurance that condition 2 (completion of electronic records following consultation) has been met."

We had received five independent reports completed by NHS England for the five month period, January 2016 to May 2016 at the time of this inspection. The GP provided us with the June 2016 report on the inspection day. The evidence contained within five of the six reports demonstrated continued issues around maintaining contemporaneous entries in some of the patient records, completion of detailed clinical assessments and prescribing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results (2014/15) showed the practice had achieved 84% of the total number of points available. This was below the CCG average of 91.5% and the national average of 94.8%.

The practice had an exception reporting rate of 6% which was below the clinical commissioning group (CCG) and national averages of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Data from 2014/15 showed:

- Performance for diabetes related indicators was 73% which was below the CCG average of 79% and the national average of 89%. Exception reporting for diabetes related indicators was 7% which was below the CCG average of 10% and the national average of 11%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was similar to the CCG average of 83% and the national average of 84%. Exception reporting for hypertension related indicators was 3% which in line with the CCG and the national averages of 4%.
- Performance for mental health related indicators was 53% which was below the CCG average of 99% and the national average of 93%. Exception reporting for mental health related indicators was 14% which was above the CCG average of 10.5% and the national average of 11%.
- Performance for dementia health related indicators was 100% which was below the CCG average of 89% and the national average of 94.5%. This was achieved with no exception reporting for dementia related indicators compared to the CCG average of 8.5% and the national average of 8%.

The practice was aware of QOF areas requiring improvement and had implemented strategies to support this. For example, the practice had improved its recall system for inviting patients for reviews and taken a proactive approach to opportunistic screening and patient education. Practice supplied data for 2015/16 showed an improved QOF achievement of 92.7%; and in clinical areas such as diabetes and mental health. This data was yet to be verified and published.

There was evidence of quality improvement including clinical audit.

- There had been 20 clinical audits and reviews undertaken since our June 2016 inspection. Two of these audits were completed audit cycles where the improvements made were implemented and monitored. Re-audits were scheduled to be completed within six to 12 months to allow the clinicians to review identified patients and improvements made.
- The clinical audits and reviews covered the prescribing of specific medicines and the management of patients with chronic kidney disease, hypertension, asthma, diabetes and atrial fibrillation (irregular heart beat). Some of the audit findings showed improved patient care and others showed prescribing had been undertaken in line with recommended guidance.

Effective staffing

Following our previous inspection, improvements made had not been sustained to ensure all staff had the skills, knowledge and experience to deliver effective care and treatment. For example:

- Staff we spoke to told us the induction process included on-job training and a review of policies and procedures.

Inadequate

Are services effective?

(for example, treatment is effective)

New staff were provided with a copy of the practice's staff handbook which provided them with general information about confidentiality and policies and procedures.

- However, the induction process required improvement to ensure it was comprehensive and that staff were supported with appropriate mentoring and key training such as infection and control, chaperoning and basic life support at the start of their employment.
- The new practice manager commenced employment on 16 June 2016 and was contracted to cover 10 hours a week over a two day period. The previous practice manager left on 17 June 2016 and was unable to provide an adequate handover to assist the new practice manager in having an understanding of the practice issues such that they could undertake their role effectively.
- The new practice manager told us their priority had been recruiting suitable staff and training had been scheduled or planned for once two additional members of the reception team had commenced work in September 2016. Staff we spoke to confirmed being able to discuss their learning needs with the practice manager.
- Access to e-learning training modules training had recently been made available to staff prior our inspection. However there had been a delay of four months before one staff member could access e-learning training.
- The practice nurse had received specific training for administering vaccines and taking samples for the cervical screening programme. Arrangements were in place to ensure they stayed up to date with changes and revalidation with the Nursing Medical Council.

Coordinating patient care and information sharing

The information needed to plan and deliver effective care for most patients was available and scanned onto their electronic medical records. The practice had also audited the read coding of patient information between 7 December 2016 and 1 August 2016. The audit showed a successive improvement over the 10 month period and this enabled a quick review of specific patient notes. However:

- Significant improvements were still required to ensure the provider undertook regular audits to assess the completeness of patient records and ensure they were contemporaneous.
- Processes in place for monitoring and managing referrals to secondary care did not always ensure patient information was appropriately shared. Some of the patient records that we reviewed showed the GP had not ensured that referrals to secondary care were acted upon in a timely way. This had led to a delay in the referral being received by the hospital service and the patient accessing treatment. There were a number of examples in the GP message book which showed that patients had called the practice to check the progress of their referral. Staff also highlighted that urgent action was required in the GP message book. In some clinical records there was no evidence of any action being completed; although the message book highlighted it had been done. We were therefore not assured that all referrals had been completed.
- Staff told us patients presented a referral slip to reception staff after seeing a GP and this was logged on a spreadsheet to monitor completion of referrals. However, the spreadsheet was not always regularly monitored to ensure referral letters had been sent to the relevant service.

The practice staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital. Meetings took place with community health care professionals on a monthly basis and were attended by the GP, care coordinator, community matron district nurse and a social worker on some occasions. Care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

All clinical staff demonstrated a clear understanding of the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005, the Children Acts 1989 and 2004, Gillick competency test and their duties in fulfilling it. The Gillick competency test is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

Inadequate

Are services effective?

(for example, treatment is effective)

Non-clinical staff understood the process for seeking consent including relevant guidance about sharing patient information, confidentiality and data protection.

Health promotion and prevention

New patients registering with the practice were offered health checks and completed a health questionnaire which covered risk factors including alcohol consumption and smoking status. The practice also offered NHS health checks to patients aged 40–74. Practice supplied data showed 22 checks had been completed since April 2016 and a total of 203 checks had been completed to date. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services as required.

The 2014/15 data showed the practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. The practice offered reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Public health data showed:

- 64% of eligible patients had attended breast cancer screening in the last 36 months compared to the CCG average of 70% and the national average of 72%.
- 53% of eligible patients had attended bowel cancer screening in the last 30 months compared to the CCG average of 54% and the national average of 58%. Practice supplied data showed the screening uptake had increased to 61%. The practice nurse had audited bowel cancer screening and explored ways to improve uptake. As a result of this, a policy was developed and written information was made available in a range of languages and displayed in the patient reception area.

The practice offered a full range of immunisations for children. Comparative data for 2014/15 showed the practice had performed below CCG average for the majority of immunisations. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 60% to 85% compared to the CCG average of 79.2% and 96.3%; and five year olds ranged from 87.5% to 91.7% compared to the CCG average of 87.1% to 95.4%. However, practice supplied data showed immunisation rates had significantly improved as at August 2016.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patient feedback demonstrated that staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. For example, all 10 patients we spoke to commented positively about their interactions with all staffing groups (the GP, nurse and reception staff). The key words used to describe staff included "caring", "empathetic" "sincere", "friendly", and "calm". Patients highlighted they had received exceptional care and relationships with the GP and practice nurse in particular, was strong, caring and supportive.

A total of 19 CQC comment cards were completed by patients and most of them detailed specific examples to demonstrate that staff went the extra mile to help them. Specifically, the GP was praised for providing care that exceeded their expectations. This included:

- Undertaking daily visits including weekends to review the care needs of patients recovering from long term conditions such as cancer, those receiving end of life care and patients experiencing poor mental health. Two relatives highlighted they felt well supported and reassured that their family member had received this support.
- The GP provided a direct contact number to relatives of patients receiving end of life care so that they could have continuity of care in the evenings and weekends.
- Organising additional support in the patient's homes outside of the practice's opening hours to ensure they received care in their preferred place or after a hospital discharge.

The positive patient feedback was aligned with the July 2016 national GP patient survey results. A total of 108 surveys had been completed and this represented 4.9% of the practice population.

- 100% of the respondents said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) and national averages of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average and national average of 91%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national averages of 87%.

The GP and practice nurse were passionate about providing a compassionate service for their patients. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone; and that people were treated with dignity and respect. The practice switchboard was shielded by glass partitions which helped keep patient information private and minimised the risk of potentially overhearing private conversations between patients and reception staff.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Care planning and involvement in decisions about care and treatment

Patients we spoke to told us staff were fully committed to working in partnership with them and they felt highly involved in decision making about the care and treatment they received. They also told us they never felt rushed during their appointment and were very much listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback on the comment cards we received and the national GP survey results were also positive and aligned with these views. The patient feedback has consistently been positive and increased since we first inspected the practice under the new general practice methodology in March 2015. For example:

- 100% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 100% said the GP gave them enough time compared to the CCG average of 93% and national averages of 92%.

Good

Are services caring?

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

Satisfaction scores were also were above the local and national averages for consultations with the nurse.

- 100% said the nurse was good at listening to them compared to the CCG and national averages of 91%.
- 100% said the nurse gave them enough time compared to the CCG average of 93% and national averages of 92%.
- 100% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

The patients we spoke to and the comment cards we received were consistently positive about the support provided by the staff. They gave examples to demonstrate that their emotional and social needs were seen as important as their physical needs. A common theme expressed by patients related to the delivery of a "patient focused service" where each patient felt valued and "not seen as a number". Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Notices in the patient waiting room also told patients how to access a number of support groups and organisations.

The practice had a carers' policy in place which outlined how the practice identified and supported carers. Carers were identified at the point of registration, during consultations and interactions with the practice staff. The medical records of patients identified as carers was coded to ensure this information was available to staff involved in their care. A total of 61 patients were registered as carers and this represented 2.8% of the practice population.

Carers had access to same day appointments, health checks and annual influenza immunisations to monitor their physical and mental health. A total of 48 out of 61 carers had received a flu jab. Written information was available to direct carers to the various avenues of support available to them. At the time our inspection there was no carers lead in post as most staff had recently been recruited. However, plans were in place to delegate this role to a non-clinical member of staff.

Relatives and carers were contacted following the bereavement of their loved one where appropriate, and offered support. This included information about local bereavement services and any ongoing support including talking therapy services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The responsive domain was rated requires improvement following the comprehensive inspections undertaken in March 2015 and December 2015. We found the needs of some patients were not always taken into account when planning services and / or services did not always meet people's needs. Specifically, the practice did not offer any online services for its patients and improvements were required to the process for managing and learning from complaints.

At this inspection (1 September 2016), we found improvements were still required to ensure an effective system for identifying and managing complaints was in place and that patients had access to online services and resources.

Responding to and meeting people's needs

We found some positive examples to demonstrate that action had been taken to secure improvements to identified areas of concern. For example:

- The GP had engaged the Royal College of General Practitioners (RCGP) in June 2016 to provide support in improving patient outcomes and the delivery of a good service. A tailored plan was still being developed at the time of our inspection. The RCGP practice support team confirmed ongoing support would be provided to the practice during the period of its suspension and until our next inspection.
- The practice had analysed the patient outcomes for long term conditions such as diabetes, asthma and renal disease and implemented measures to improve patient outcomes. This included patient education and improving the recall systems for inviting patients for regular health reviews. The practice had set up a pre-diabetic register and identified patients at high risk of developing diabetes. This enabled the clinicians to support and advise patients on changes required to prevent diabetes developing. The practice nurse was also in the process of developing an information pack for these patients at the time of our inspection.
- Joint clinics were undertaken with a diabetic specialist nurse every two months to facilitate the management of complex patients.
- A female GP had recently been recruited and provided clinical sessions one day a week. This offered patients the choice to see a female GP when needed.
- Patients with multiple long term conditions were seen by a clinician in one extended appointment to prevent the need for multiple appointments. This was corroborated by patient feedback and records reviewed.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice and older patients.
- Same day appointments were available for children and all patients who required them.
- The premises were accessible for patients with a disability and / or impairment and consultation rooms were all located on the ground floor.

However, the provider had not addressed the requirement to provide online facilities for patients to book appointments, request prescriptions and access their summary care record despite this need having been identified at our April 2015 inspection. This did not ensure choice and convenience for patients (especially the working age group). In addition, the provider was not meeting the contractual agreements stipulated in the 2015/16 general medical services (GMS) contract. From 1 April 2015, it is a contractual requirement to promote and offer:

- Patient access to their GP record - online access to all detailed information that is held in a coded form within the patient's electronic medical record.
- Electronic appointment booking and routinely consider whether the proportion of appointments that can be booked needs to be increased to meet the reasonable needs of their registered patients, and, if so, take such action accordingly.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday; and operated an open access system for GP appointments in the morning. Patients who contacted the practice before 11.15am were guaranteed a same day GP appointment. This was a feature preferred by most patients despite long waiting times. A decision to maintain the open access system was reviewed and agreed in consultation with the patient participation group (PPG) in 2015. Routine GP appointments could be booked six weeks

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

in advance for the afternoon surgery which was facilitated between 3pm and 6.30pm. Weekend appointments were offered through the out of hours service Nottingham emergency medical services (NEMS).

Patients we spoke to were satisfied with how they could access care and treatment when they needed it. This included being able to get through on the telephone promptly and availability of GP and nursing appointments. This was aligned with the national GP patient survey results published in July 2016. For example,

- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 95% 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 national average of 85%.
- 94% said the last appointment they got was convenient compared to the CCG and national average of 92%.
- 85% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.

The national GP survey results for July 2016 showed lower satisfaction scores for the waiting times experienced by patients.

- 38% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 61% and national average of 65%.
- 39% felt they normally have to wait too long to be seen compared to the CCG average of 55% and national average of 58%.

Listening and learning from concerns and complaints

Records reviewed demonstrated the practice had improved its procedures for handling complaints and concerns. For example,:

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters and leaflets were available in the waiting area which informed patients how to make a complaint.
- All staff knew how to respond when they received a complaint.

Patients that we spoke to reported they had not complained and would feel confident in doing so if needed. The practice had not recorded any new complaints since our December 2015 inspection. However, on review of the GP message book we identified concerns expressed by some patients in respect of delayed referrals to secondary care. One patient we spoke to also told us they had chased up for a referral on two occasions in 2015. This did not assure us that the provider had effective systems in place to ensure that all concerns received were logged, investigated without delay and immediate action was taken to address this.

Are services well-led?

Inadequate

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

Our findings

The well-led domain was rated inadequate following the comprehensive inspections undertaken in March 2015 and December 2015. A focused inspection was also carried out on 2 June 2016 and a rating of inadequate still applied as improvements were required. The findings at all three inspections showed sufficient improvements had not been implemented and / or embedded to ensure the service was well led. For example:

- The clinical governance lead had not ensured that effective assurance and auditing systems were in place to drive improvements.
- Succession planning arrangements were limited and this impacted on the leadership's ability to effectively assess and review the service provision.
- The practice had a number of policies and procedures to govern activity but not all procedures were in line with best practice guidance and up to date.
- Arrangements for identifying, recording and managing risks were not sufficiently robust to mitigate risks to patients.

At this inspection (1 September 2016), we found governance arrangements were not sufficiently robust to ensure patients received safe care and treatment by: assessing the risks to their health and safety; doing all that is reasonably practicable to mitigate any such risks and ensuring that persons providing the care or treatment have the training, competence, skills and experience to do so safely.

Vision and strategy

Our overall inspection findings demonstrated the vision to deliver high quality care and promote good outcomes for patients was not being realised and/or sustained since our last inspection. Dr Mark Stevens (the service provider) has been in special measures for 14 months. Special measures provides a clear timeframe within which providers must improve the quality of care they provide and comply with the Health and Social Care Act 2008 regulations. This inspection found there was not enough improvement to take the provider out of special measures due to the following reasons:

- A change in staffing meant that the vision, values and strategy were not sufficiently developed and owned by all staff to drive continuous improvement. Staff we spoke to did not have a full understanding of the practice's mission statement.
- The provider had not fully implemented and monitored the action plans they had written to meet all the identified shortfalls identified at the December 2015 inspection. In particular, deficiencies were found in the provision of safe care and treatment and governance arrangements.
- We found significant improvements had not been made to ensure a systematic approach was in place to improve patient outcomes and the monitoring of the overall service provision. Specifically the management of high risk medicines, patient safety information, recording of contemporaneous patient records and referrals to secondary care. This also meant that risks to patient safety were not always dealt with appropriately or in a timely way.
- We also found evidence of continued non-compliance with the requirements of the Regulated Activities Regulations in spite of the provider's verbal and written assurances to us of the steps being taken to improve. This led us to conclude the provider would not be able to meet the relevant requirements and ensure the immediate safety of patients.

As a result of all of the factors identified and decisions made in line with our enforcement framework, a period of three months suspension was agreed to give the provider an opportunity to address the serious risks exposed to patients to and to put robust measures, systems and processes in place to address these and meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registration of the service provider was suspended from 12pm on 07 September 2016 until 9am 07 December 2016. Enforcement action allows the Care Quality Commission to protect patients from the risk of harm; and to hold providers and individuals to account for failures in how they provide services.

Governance arrangements

The governance arrangements did not ensure sufficient clinical and managerial oversight was in place to ensure the delivery of good quality care. For example,

Are services well-led?

Inadequate

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

- The lead GP faced some challenges in maintaining an overview of their lead roles and delivery of clinical responsibilities. This was reflected in part by the excessive hours undertaken in providing clinical care, limited improvements made to the overall quality and safety of services provided (since our first inspection in April 2014) and limited resources that were spread thinly. The GP told us they appreciated having a regular GP locum one session a week (Friday morning) as this enabled them to take time out to review practice performance and make improvements.
- The GP demonstrated some insight into the risks exposed to patients and had engaged the Royal College of General Practitioners (RCGP) peer support programme for practices placed in Special Measures. This programme provides a package of expert professional advice, support and peer mentoring from senior GPs, practice managers and nurse practitioners with specialist expertise in quality improvement. At the time of inspection, the RCGP were still in the process of supporting the practice to developing an improvement plan to address concerns identified at our previous inspections.
- A comprehensive understanding of the performance of the practice was not always maintained. As a result, significant issues that threatened the delivery of safe and effective care were not adequately managed and / or regularly monitored. For example, we were not assured that routine follow up of blood tests were adequately performed following initiation of new medicines. The practice nurse told us during routine monitoring of patients with a chronic illness, the nurse would regularly identify in the patient record that a new medicine had been started but the required blood test to monitor this had not been carried out by the GP. This usually occurred in one to two patients records per week.
- A programme of continuous clinical and internal audit had been initiated following our June 2016 inspection to monitor clinical outcomes for patients. Most of the 20 audits and clinical reviews completed were due to be repeated in six to 12 months to measure the improvements made.
- The part time working arrangements for the interim practice manager (contracted 10 hours a week) did not always ensure they were visible within the practice. In addition, all but one of the non-clinical staff had been recruited within the last two months; therefore it was crucial to ensure managerial oversight during their induction and to support them in understanding their own roles and responsibilities.
- The practice manager explained they had prioritised the recruiting of non-clinical staff as this had been one of the significant risks to patient care. They were still in the process of assessing the quality of service provision and compiling an action plan. Due to episodes of insufficient staffing the practice nurse had taken on a significant amount of administrative work in addition to their clinical workload. Plans were in place reassign some of these tasks to newly recruited staff.
- Practice specific policies were available to all staff but not always implemented in practice. This included protocols related to medicines, chaperone, significant events and infection control.

Leadership, openness and transparency

There was a clear leadership structure in place and most staff felt supported by management. Staff we spoke to told us they were encouraged to work as a team and to prioritise the delivery of compassionate and patient centred care. Feedback from staff confirmed the lead GP, practice nurse and manager modelled and encouraged supportive relationships; as well as promoted a culture of openness and honesty. As a result, staff felt respected, valued and supported.

However, the practice did not have effective systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included:

- Support training for all staff on communicating with patients about notifiable safety incidents.
- The practice keeping written records of verbal interactions as well as written correspondence with patients when delays or things went wrong with care and treatment:

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

The practice encouraged and valued feedback from patients. However, patient feedback obtained through the

Are services well-led?

Inadequate

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

friends and family test had not been logged and analysed to inform the review of service provision. Furthermore, although the practice had a patient participation group (PPG), their role was very limited in driving improvement as they met at least twice yearly and the practice annual survey had not been undertaken at the time of our inspection. The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

The practice gathered feedback from staff through a range of regular formal and informal meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice manager. All staff felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing There was insufficient practice management support to ensure the effective management of the service and support for newly recruited staff. The provider had not ensured that newly recruited staff had received support in form of a comprehensive induction, training and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Improvements had not been sustained and ineffective systems were in place to: - assess the risks to the health and safety of patients receiving care and treatment and - to do all that is practicable to mitigate any such risks or concerns noted in patient care. We found patients were not protected against the risks associated with the unsafe use and management of medicines. Responsibility for shared care and treatment for patients prescribed high risk medicines was not well managed to ensure safe prescribing and timely care planning. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes for good governance were not established and operated effectively. For example, there were insufficient systems in place to assess, monitor and drive improvement in the quality and safety of the services provided. Risks relating to the health, safety and welfare of people using service and others were not fully assessed, monitored and mitigating actions put in place.

This section is primarily information for the provider

Enforcement actions

The provider had not ensured that accurate and contemporaneous patient records were routinely completed following each consultation to evidence the treatment and care provided.

Improvements were needed to ensure patient feedback was proactively sought, evaluated and used to improve the service.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.