

Rainworth Health Centre

Quality Report

Warsop Lane
Rainworth
Mansfield
Nottinghamshire
NG21 0AD
Tel: 01623 794293
Website: www.rainworthsurgery.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rainworth Health Centre on 23 February 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be good for providing safe, caring and responsive services. It required improvement for providing effective and well led services. The concerns which led to these ratings apply to everyone using the practice, therefore the practice is rated as requires improvement for providing services for older people, people with long term conditions, families, children and young people, working aged people (including those recently retired and students), people whose circumstances make them vulnerable and those people who were experiencing poor mental health (including people with dementia).

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

- Risks to patients were assessed and processes were in place to manage these.
- Patients' needs were assessed but limited clinical capacity meant the practice needed to improve clinical outcomes for patients. They anticipated this would be addressed when the practice merged. This has taken place since our inspection and the practice is owned by a new provider.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a clear vision for the future, with plans to develop and improve the service for the benefit of the patients.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure records of incidents and accidents that have occurred are kept.
- Ensure that staff records demonstrate that all relevant staff are up to date with their Hepatitis B vaccinations, and received a five yearly booster, where required.
- Improve performance against Quality Outcomes Framework (QOF) targets which are below the CCG and

national average to ensure effective patient care. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. The practice had protocols in place to ensure that medicines were managed safely, and staff had received the necessary training to ensure they were up-to-date with medicines management issues.

Good



Are services effective?

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

Data showed patient outcomes were below average for the locality in respect of overall performance (8.7% below in respect of their total QOF achievement) as well as for several specific indicators (16.9% below the CCG average in respect of Asthma, 64.2% below in respect of depression). Patient outcomes were above the CCG average in respect of patients with atrial fibrillation (0.1% above), diabetes (2.3% above) and people with a learning disability (9% above). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The practice knew there were areas where they needed to improve and they had experienced staffing challenges which had impacted on these areas.

The practice has now merged with two others and a new provider is responsible for the service.

Staff referred to guidance from National Institute for Health and Care Excellence. Staff had received some training appropriate to their roles and had received appraisals. Staff worked with multidisciplinary teams. The practice had monitored its performance over time, and had used clinical audits to assess and improve specific areas of its practice, and to improve outcomes for patients. This was particularly in relation to medicines management.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

Data showed that patients rated the practice higher than others for several aspects of care. For example, data from the national patient survey showed 81% of patients surveyed thought their last appointment was convenient. In addition 88% of patients said the last GP they saw was good at treating them with care and concern.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients said they found it easy to make an appointment with a named GP. However, some patients prefer to come to the practice at 8:00 am and wait for an appointment rather than using the telephone. There was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning points from complaints had been recorded and used to make improvements where necessary.

Good



Are services well-led?

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

The practice leaders had a clear vision and strategy but the governance systems had not been sufficiently robust to ensure proactive action was taken to address poor performance in relation to clinical outcomes in several areas.

The providers were aware of these issues and had decided to merge with two other practices under a new provider. The merger had been identified as the best way of addressing issues and shortcomings at the practice, and allowing patients to receive a better service to meet their needs. Developments at the practice were due to take place imminently with the practice merging with another practice and new providers have taken over the practice since our inspection.

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve

Requires improvement



Summary of findings

quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

The provider is rated as requires improvement for the care of older people. The practice is rated as good for providing safe, caring and responsive services. The practice is rated as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply to everyone using the service, including this population group.

The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice held multi-disciplinary meetings (PRISM) as a way of highlighting patients who were most at risk of hospital admission and planning support and treatment in the community to avoid this happening.

Requires improvement



People with long term conditions

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

The practice was located in a former mining area and had a higher than average number of patients with long-term conditions as a result.

GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

Each patient had a named GP but the QOF data showed that with the exception of atrial fibrillation (0.1% above), diabetes (2.3% above) and people with a learning disability (9% above), the clinical indicators for patients with long term conditions were below the CCG average. In some cases they were significantly lower. For example in respect of patients with osteoporosis (bone fragility) the practice performance was 24.4 percentage points below the CCG Average. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Requires improvement



Summary of findings

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 had good links with other health care professionals to provide support to patients with long-term conditions.

Families, children and young people

The provider is rated as requires improvement for the care of families, children and young people. The practice is rated as good for providing safe, caring and responsive services. The practice is rated as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply to everyone using the service, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with the CCG average for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The premises were suitable for children and babies, with easy access and baby changing facilities available. We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider is rated as requires improvement for the care of working age people (including those recently retired and students). The practice is rated as good for providing safe, caring and responsive services. The practice is rated as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply to everyone using the service, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice's performance for cervical smear uptake was 93.5% which was significantly above the CCG and national average. In addition the practice offered chlamydia screening to patients aged 18 to 25 years and offered smoking cessation advice to smokers.

Requires improvement



Summary of findings

At the time of our inspection there were no additional arrangements to meet the needs of the working population. However, there were plans following changes at the practice to introduce more flexible opening hours, including Saturday morning surgeries from May 2015.

People whose circumstances may make them vulnerable

The provider is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as good for providing safe, caring and responsive services. The practice is rated as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply to everyone using the service, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and approximately 60% of these patients had received a health check in 2013/14. Plans were in place to provide annual health checks going forward in 2015. The practice also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as good for providing safe, caring and responsive services. The practice is rated as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply to everyone using the service, including this population group.

Ninety five percent of people with a diagnosis of dementia had received an annual physical health check during 2013/4 and the practice performance in respect of undertaking face to face reviews was higher than the CCG average on all three QOF indicators. However the practice performance in respect of patients with a diagnosis of depression was 64.2% below the CCG average. (QOF is a

Requires improvement



Summary of findings

voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice also had access to an on-site memory clinic for those patients who required it.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

Data from the national GP survey in January 2015 showed that 113 patients had taken part. Comments were generally very positive. 81% of patients who responded said the last appointment they got was convenient, 99% had confidence and trust in the last GP they saw or spoke to and 76% described their overall experience of this surgery as good.

Prior to our inspection we left comment cards for patients to complete. We received 23 completed comment cards. Fifteen cards had wholly positive comments, expressing views that the practice offered a very good service with understanding, caring and compassionate staff, and committed, caring GPs. Seven patients expressed concerns in getting an appointment when they needed one, or having to wait to see a GP. The final comment card expressed concern at having to pay for additional services in secondary care.

We also spoke with six patients during our inspection; they expressed a high level of satisfaction about the care and services they received. They were involved in decisions about their care and treatment. However, three patients said that access to appointments was difficult at times

The practice had conducted a patient survey during March 2014. Data showed that 125 patients at Rainworth Medical Centre had responded. Each GP was responsible for their own survey.

Responses for all four GPs were positive, with high scores for honesty and trustworthiness, and assessment, diagnosis and treatment of illnesses. The practice scores in respect of access to appointments and ease of seeing a GP were not as high.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure records of incidents and accidents that have occurred are kept.
- Ensure that staff records demonstrate that all relevant staff are up to date with their Hepatitis B vaccinations, and received a five yearly booster, where required.
- Improve performance against Quality Outcomes Framework (QOF) targets which are below the CCG and

national average to ensure effective patient care. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Rainworth Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The lead inspector was accompanied by a second inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Rainworth Health Centre

Rainworth Medical Centre provides primary medical care services to approximately 6,000 patients. The practice is based in a building in the centre of Rainworth village which is approximately three miles to the east of Mansfield in north Nottinghamshire.

The address of the practice is: Warsop Lane, Rainworth, Mansfield, Nottinghamshire NG21 0AD. Information received from Sherwood and Newark Clinical Commissioning Group (CCG) indicated that Rainworth is an area of mixed social deprivation.

The practice provides primary medical services and support to eight local care homes.

An independent pharmacy was located at the practice premises.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community or communities.

There are four GPs at the practice, all of whom are partners. There is one male GP and three female GPs. In addition the nursing team comprises one practice nurse and two health

care assistants. The clinical team are supported by the practice manager and an administrative team. There are three whole time equivalent GPs working at the practice, in addition there is 0.6 whole time equivalent nurses.

During the evenings and at weekends an out-of-hours service is provided by Central Nottinghamshire Clinical Services (CNCS) which is accessed through the 111 telephone number.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider was 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?

Detailed findings

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 February 2015. During our visit we spoke with a range of staff (GPs, nursing staff and administration and reception staff) and spoke with patients who used the service. We observed how people were being cared for and talked with patients. We reviewed comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, staff had reported a problem with the temperature of the fridge used for storing vaccines. Appropriate action was taken to identify the problem, and find a solution, as a result staff received retraining in how to take and record fridge temperatures, the equipment was checked and repaired and staff awareness was raised to minimise the risk of further incidents.

We asked to see the safety records, incident reports and minutes of meetings where these were discussed for the last two years. The practice manager told us that all incident reports for any incident in respect of the premises were completed electronically and were sent to the building manager, who was not employed by the practice. We were unable to access any accident or incident reports as the building manager was not available. The practice did not keep a copy of incidents or accidents that occurred. We were therefore unable to establish if the practice had managed these consistently over time to show evidence of a safe track record over the long term. We were assured this would be addressed as part of the imminent change of provider who had strong governance systems which would be adopted across their three practice

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last five years and we were able to review these. However, we concentrated on the six significant events recorded for the last calendar year. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. For example, there had been a delay in a two week urgent referral of a patient to secondary care. This was investigated and the learning was shared with relevant staff to prevent further incidents.

Significant events were a standing item on the practice meeting agenda, and a dedicated meeting was held every

three months to review actions from past significant events. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms at the practice and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked six incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example a syringe with needle attached was found unattended in a GP's room by cleaning staff. The incident was recorded, and action was taken to ensure syringes and needles were handled in line with the practice policy.

National patient safety alerts were disseminated by the practice manager to relevant practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. However, we did not see any examples of this in the minutes we reviewed.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at the training records for six members of staff which showed that all staff had received relevant role specific training on safeguarding. Discussions with staff provided further evidence that staff had received safeguarding training.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained and

Are services safe?

could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans or at risk of abuse. We saw the anonymised minutes of a multi-disciplinary child protection meeting. The minutes identified other family members who might also be 'at risk'. GPs told us they attended child protection case conferences and reviews where appropriate. Reports were sent if staff unable to attend. The practice had processes in place to follow up children who persistently failed to attend appointments for example for childhood immunisations.

There was a chaperone policy, which was visible on the waiting room noticeboard and in the practice handbook and on the practice website. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We did not see evidence that the two temporary health care assistants had received chaperone training. We were informed that the phlebotomist, receptionists and computer staff also provided chaperone duties. Two staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Staff who were carrying out chaperone duties had received a Disclosure and Barring Scheme check (DBS).

We saw that GPs were appropriately using the required codes on their electronic case records to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a

clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

All prescriptions due for re-authorisation were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Systems were in place for checking the doctors' communal bag. We checked the bag and all medicines were in date. Records showed that staff checked the medicines each month to ensure they were available and in date.

Cleanliness and infection control

We observed the premises to be clean and tidy. Patients we spoke with told us they found the practice clean and had no concerns. The cleaning of the premises was carried out by external cleaning contractors. The practice manager told us that the cleaning provider carried out regular checks to monitor the standard of cleanliness, and ensure that appropriate practices were being followed. However, the practice did not see the reports as these went to the building manager.

We were unable to establish if cleaning schedules were in place and cleaning records were kept as these were not available at the time of the inspection. We saw that a 'services' comments book was available in the reception area to enable staff to communicate any issues regarding the cleanliness to the external provider.

Are services safe?

The practice had a lead for infection control who had undertaken recent on line training to carry out their role. We saw the induction training for all staff, and this included the infection control policy. We saw evidence that Nottinghamshire County Council had carried out an infection control audit in 2014. The audit was mostly positive, and where action points had been identified we were assured they had been addressed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

An external sharps audit was completed in March 2014 in response to concerns about the sharps bins in the practice. The findings showed that sharps were not been managed in line with the practice's policy and good practice guidance; the report contained various recommendations. The practice had produced an action plan to address the findings, and all relevant staff had signed to confirm that they were aware of this.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that showed the external onsite company was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

A policy was in place relating to the immunisation of staff at risk of exposure to Hepatitis B infection, which could be acquired through their work. The practice manager said that staff immunisation would be carried out by the Occupational Health department. However, records were not available to show that all relevant staff were up to date with their vaccinations, and had received a five yearly booster, where required. The practice manager told us they would address this.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of regular testing was in place. We saw evidence of calibration of relevant equipment; for example spirometers (a spirometer is a machine used to help diagnose various lung conditions), blood pressure measuring devices and the fridge thermometers

Staffing and recruitment

We reviewed eight staff files. We checked they contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). We saw that key information was present in the files we reviewed. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Monitoring safety and responding to risk

The practice had various policies in place to identify, manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment and equipment. These were carried out by CHP (Community Health Partnership) who were responsible for the building. The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example: There were emergency processes in place for patients with

Are services safe?

long-term conditions. Staff gave us examples of patients whose health deteriorated suddenly. A GP had been called and the patient had received urgent appropriate treatment and care.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. This training had been delivered by an external company within the past year. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to re-establish a normal heart rhythm in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia

The practice did not have a major incident or emergency plan, detailing action to be taken in the event of a major incident.

We saw that a business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, the local area team for NHS England, and contact details of a heating company to contact if the heating system failed.

We saw that an external onsite company had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They accessed this information electronically. We noted that one GP kept a folder of various guidelines although some of the guidelines were out of date. They agreed to update this.

The staff completed templates on their electronic system in assessing patient need in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they led in specialist areas such as family planning, asthma, long term conditions, minor surgery and mental health. Clinical staff were open about asking for, and providing colleagues with advice and support. The GPs had a forum to discuss clinical issues. Our review of the clinical meeting minutes confirmed that this happened. However, the practice nurse said they did not have the opportunity to attend these meetings to ensure shared learning across all clinical staff.

The data from the local CCG of the practice's performance for antibiotic prescribing was comparable to similar practices.

Management, monitoring and improving outcomes for people

The practice showed us three clinical audits that had been undertaken in the last year. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example the practice carried out an audit following a drug safety update about the possible interaction between a medicine used to reduce the levels of fatty acids in the body and a medicine used to lower blood pressure and prevent chest pain. The initial audit was in March 2014 and was repeated in February 2015. The results of the repeated cycle demonstrated these patients had been reviewed and the dosage of these medicines had been reduced to prevent the likelihood of negative interactions between these medicines.

The GPs told us clinical audits were often linked to medicines management information or safety alerts.

The practice performance overall in relation to QOF for 2013/14 was low when compared with the CCG and national average. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The practice's total QOF points score was 8.5% below the CCG average and 7.1% below the England average. With the exception of their performance in respect of patients with atrial fibrillation (0.1% above), diabetes (2.3% above) and people with a learning disability (9% above) the practice performance was below the average for the CCG. The practice knew there were areas where they needed to improve and they had experienced staffing challenges which had impacted on these areas. This was a determining factor in their decision to merge with two other practices with a new provider which has gone ahead following our inspection.

The practice took part in multi-disciplinary PRISM meetings and discussed patients at high risk of admission to hospital and those receiving palliative or end of life care at these meetings. The aim of the meetings was to ensure patients had the care, support and treatment to enable them to remain at home rather than being admitted to hospital. The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. The QOF data indicated that 100% of patients identified as receiving palliative care had been discussed at regular multidisciplinary meetings to review their care.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending important courses such as annual basic life support.

There was a good skill mix among the doctors; with two having additional diplomas from the Royal College of Obstetricians and Gynaecologists (child birth and women's reproductive health). All four GPs also had additional diplomas in family planning. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every

Are services effective?

(for example, treatment is effective)

five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We spoke with a member of the administration staff who told us that they had received appropriate induction and training to carry out their work. Various senior staff had worked at the practice a considerable number of years. This ensured continuity of care and services.

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and that staff were receiving appraisals.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. GPs told us there were good relationships with other health care professionals locally, and we saw referrals were made to the district nursing team, speech and language services, podiatry service and the child and family team when necessary.

The practice received blood test results, x-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, and palliative care nurses. We saw the minutes of meetings to evidence that the meetings had taken place.

Information sharing

The practice used several electronic systems to communicate with other providers and had systems in place to make sure data could be shared with the out of hours service in a secure and timely manner. Electronic systems were in place for making referrals, through the

Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patients who were sent to the Emergency Department were given a printed copy of their summary care record to take with them. The practice had signed up to the electronic Summary Care Record (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). Information relating to Summary Care records was available to patients on the practice website.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. There were consent policies in place which highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. Staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. We looked at two files for patients who had received minor surgery. One file contained written consent and one file contained informed consent. However

Are services effective?

(for example, treatment is effective)

we did see one example where consent had not been recorded, and the GP concerned said this was human error, as there were numerous examples where consent had been recorded.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way.

The practice had identified the smoking status of patients over the age of 16. Records showed the practice was below the CCG average for numbers of patients who smoked. Data indicated patients had been offered support and treatment through nurse-led smoking cessation clinics.

The practice provided an information leaflet for patients who had diabetes, which explained what their results meant, and to help consider options to reduce possible complications.

The practice kept a register of patients with a diagnosis of dementia. There were 54 patients on the register. Data

showed that for the period February 2013 to March 2014, 51 patients received an annual review. The practice kept a register of patients who had a learning disability; 57 patients were on the register. Data showed that for the period of February 2013 to March 2014, 55 patients received an annual health review.

Data showed the practice's performance for cervical smear uptake was 81.7% which was better than the CCG (78.4%) and national average (73.4%). There was a system for following up patients who did not attend for cervical screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above or comparable to the average for the CCG. For example, 77.9% of patients with diabetes had received the influenza vaccine.

The practice team worked in partnership with integrated care teams to support patients with long term conditions, the elderly and patients at risk of admission to hospital to self-manage their conditions.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. Information from the national GP patient survey had been published in January 2015. Data from the national patient survey also showed 113 surveys had been completed.

Eighty eight percent of patients said the last GP they saw was good at treating them with care and concern which was broadly comparable with the CCG and national average (84% and 85% respectively). The practice also in line with CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example 84% of practice respondents said the GP was good at listening to them and 80% said the GP gave them enough time.

The practice had conducted its own survey in March 2014 for each of the four GPs, which 125 patients completed. The results showed that patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. All four GPs were rated 97% or above for listening to patients, being polite and considerate and giving patients enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 14 completed cards and these were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Care planning and involvement in decisions about care and treatment

The practice's own surveys carried out by each individual GP showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice highly in these areas. For example, all four GPs were rated as 95% or above for explaining patient's condition and treatment, and involving them in decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were satisfied with the emotional support provided by the practice and the ratings were broadly in line with CCG and national averages. For example, 94% of respondents to the National patient survey said they had confidence and trust in the last nurse they saw or spoke with. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

The lead GP presented a case study which showed that the practice responded promptly to a carer's concerns regarding their partner's health and their emotional wellbeing. The GP promptly reviewed the patient and referred them for appropriate tests with specialists and the patient had commenced relevant treatment. This resulted in an improvement in the patient's health and the carer's emotional wellbeing.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was

Are services caring?

also a carer. The HCA is responsible for overseeing the carers register. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a

patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and the practice understood the needs of their patient population.

The NHS England Area Team and Newark and Sherwood Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. This was particularly in relation to an ageing population and an ex-mining environment with associated chest and breathing problems among many of the older male patients.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example improvements to access to the appointments system by both telephone and the internet had been implemented and the practice improved confidentiality at the front desk in response to PPG feedback.

Tackling inequity and promoting equality

The premises were purpose built and spacious and met the needs of patient with disabilities. They had a specific baby changing room. All consulting rooms for patients were on the ground floor. All toilets provided access for patients with mobility problems. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

Outside there was level access and designated parking for patients with restricted mobility.

The practice had a population of approximately 95% English speaking patients though it could cater for other different languages through translation services. Information was available in the waiting room about translation services for patients whose first language was not English.

Access to the service

National patient survey from January 2015 only 45% of patients said they were satisfied with the practice's opening times which was much lower than the CCG and national averages of 71% and 75%. Patients we spoke with during our inspection visit said they would be happy to see the opening times extended. From May 2015, the practice told us they would be providing two more GP sessions a week and opening on Saturday mornings.

The PPG members told us that the main concern of patients was around access to appointments. They said that whilst access to appointments was difficult at times, patients could usually access an urgent appointment the same day, where needed. They also said they could see another doctor if there was a wait to see the doctor of their choice.

Most patients said that they were usually able to get an urgent appointment to see a GP or were offered a telephone consultation, where needed. However, several patients reported difficulty in accessing appointments at times, in particular non-urgent appointments.

Appointments were available from 08:30 am to 11:30 am and from 1:30 pm to 6pm on weekdays. The practice was closed on certain Wednesday afternoons from 12pm for protected learning times. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

There was information available on line and in the practice for patients which included how to book appointments and repeat prescriptions online through the website. On line appointments were not available to see the nurse. At the time of the inspection the practice had a part time nurse. Senior managers had identified that this was not sufficient to meet the needs of the service. The new partnership was looking to provide a nurse led long term care model, and was recruiting further nurses.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to eight local care homes on a specific day each week, by a named GP and to those patients who needed one.

Are services responsive to people's needs?

(for example, to feedback?)

For older patients and patients with long-term conditions and those whose circumstances may make them vulnerable home visits were available and longer appointment times in the practice when needed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example the practice had a poster displayed in the practice, a summary leaflet was also available, and information about making a complaint was available on the practice website. However, while the website gave information about the patient advice liaison service (PALS) and NHS England it did not

make reference to the Health service ombudsman. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice recorded verbal and formal complaints. We looked at three complaints received in the last 12 months and found complaints were dealt with in a timely way, with openness and transparency in dealing with the complaint. These had been handled as a significant event.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, several complaints related to clinical issues and it was not evident that complaints were reviewed as a significant event. There was evidence that individual complaints had been acted on.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

This practice has changed provider since we undertook our inspection. At the time of our inspection, the practice had agreed to merge with another local practice. The lead GP told us this would allow the practice to address many of the problems they had identified, such as restricted opening hours by providing greater access to resources, enabling a wider and more comprehensive service to be offered to patients. The merger would also give patients greater choice over where and when they accessed their GP led healthcare service.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The forthcoming merger identified that the practice had reviewed its operating systems and taken steps to provide long-term improvements.

We spoke with five members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. Staff spoke positively about the steps that had been taken to improve the practice so far, and the steps that were planned for the near future.

Work was on going into ensuring the transmission was managed effectively. Staff spoke positively about the changes.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at ten of these policies and procedures and most staff were aware of their location and broadly aware of their content. All ten policies and procedures we looked at had been reviewed annually and were up to date. However, the merger would mean that a new set of policies and procedures would be introduced at that time.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with five members of

staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was not performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, staff training policy and sickness and absence which were in place to support staff. We were told these policies were going to be replaced once the merger had been completed.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly. However, there were rarely opportunities for all staff to meet together. Information was therefore disseminated through minutes and smaller business meetings for specific staff such as reception staff, or administrative staff.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, and complaints received. We looked at the patient participation group's (PPG) action plan following their survey in 2013/14. The action plan focussed on appointments, access and confidentiality. As a result a new appointments system had commenced in April 2014. A barrier had been introduced into the waiting room in July 2014 to remind patients to stand back from the desk and allow the person in front space to maintain their confidentiality.

The practice had an active patient participation group (PPG). At the time of our inspection the PPG had eight

Are services well-led?

Requires improvement 

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

active members and several members of their virtual on-line group. We spoke with three members of the PPG. They told us that they met every two months, with involvement of the practice. The results of the last individual GP surveys were shared with the PPG. However, the PPG were not involved in compiling the questions, analysing the results or producing the action plan. The PPG were able to share their views and make comments through their regular meetings, and through an action plan that the PPG had produced on an annual basis.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff

told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. Several staff members spoke positively about the merger, as they said this would help to better meet the needs of the patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings and away days to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.