Sherwood Rise Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sherwood Rise Medical Centre on 11 November 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at www.cqc.org.uk.

We did a follow up inspection of the practice on 21 September 2015. This inspection did not result in any changes to the rating.

This inspection was an announced comprehensive inspection on 1 December 2016. Overall the practice remains rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always sufficiently detailed to ensure events did not re-occur.
- Some risks to patients were assessed and managed; however, the practice was not operating effective systems to ensure they had assessed all identifiable risks. For example, they had not assessed the risk of not having medicines to respond to specific clinical emergencies or those associated with fire and they had not yet taken actions identified as necessary to prevent legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were supported to access training to provide them with the skills and knowledge to deliver effective care and treatment.
- Data showed that patient outcomes were in line with local and national averages and evidence demonstrated the practice had made improvements to the level of care provided to their patients.
- The practice had participated in a city wide practice specific objective related to self-harm and suicide

Summary of findings

attempts. Following the review the practice now ran weekly searches of their patient record system to identify any patients who had been read coded with self-harm or suicide attempts to ensure these patients were added to a register to be reviewed and assessed for intervention by the GPs once a week. The practice met with other local GP practices to discuss best practice.

- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were generally able to access urgent appointments but some patients noted that there could be a long wait to be seen by the GP.
- The practice had the facilities and equipment to treat patients and meet their needs. There was a refurbishment plan in place to address areas of the premises which had been identified for improvement.
- There was a leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- A range of policies and procedures were in place to govern activity within the practice. Although all policies had been reviewed in 2015, a number of policies contained information which was not relevant to the practice including naming staff who worked for another practice as leads in certain areas.
- The provider had not made sufficient improvements to governance and oversight and there were still areas presenting risks to patients which had not been addressed following our previous inspection in November 2014.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that effective systems and processes are in place to identify, assess and mitigate risks related to the health, welfare and safety of service users and others by;
- Taking action to mitigate risks identified (for example in relation to legionella and fire) and ensuring all risks are assessed (for example those relating to emergency medicines and equipment).
- Ensuring policies and procedures are correct, relevant to the practice and reflect the processes in place.

The areas where the provider should make improvement are:

- Improve the recording and management of significant events to ensure reviews and follow ups are documented.
- Improve the systems for the management of complaints to ensure documentation is well ordered.
- Review the business continuity plan
- Continue to promote and increase uptake of childhood immunisations
- Improve the identification of carers to provide them with support and advice
- Take steps to improve confidentiality in the reception area.
- Continue to review the availability of appointments to address the patient feedback on delays in seeing a GP.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared with staff; however this was not always done in a timely way and investigations were not always thorough enough to prevent re-occurrence.
- Some risks to patients who used services were assessed and managed; however the practice had failed to identify and assess the risk of not having medicines to respond to specific clinical emergencies or those associated with fire and they had not yet taken actions identified as necessary to prevent legionella.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate recruitment checks had been undertaken prior to employment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff used current evidence based guidance to assess the needs of patients and deliver effective care.
- Clinical audits and ongoing reviews demonstrated quality improvement. The practice had achieved improvements in areas such as cancer screening.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Monthly multidisciplinary meetings were held within the practice to discuss patients at risk of admission to hospital.
- Improvements were still required to increase the uptake of childhood immunisations. The practice was aware of this.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example, 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decision making about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 41 patients as carers; this was equivalent to 0.7% of the practice's patient list. Work was underway within the practice to increase the numbers of carers identified and the practice had recently appointed a member of staff as carers' champion.
- During our inspection we observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of their patient population and engaged with the local Clinical Commissioning Group (CCG) to effect improvements.
- A range of services were provided by the practice to reduce the needs for patients to travel to receive care. For example, the practice provided minor surgery and phlebotomy services.
- Some services were provided which were accessible to patients and non-patients including ECGs and ear irrigation.
- Most patients said they were able to make routine appointments when they needed them and urgent appointments were available the same day. Access to routine GP appointments was highlighted as an area for improvement by patients.
- The practice had facilities and equipment to meet the needs of patients. A refurbishment plan was in place to update areas of the practice which had been identified as needing improvement.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with relevant staff. However, information related to complaints needed to be logged and stored in a more ordered manner.

Summary of findings

Are services well-led?

Inadequate

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

- The practice had a vision and an outline business plan in plan which centred on the delivery of quality care although there was limited evidence of progress against the specific objectives within the plan to date. Staff were engaged with the vision and values of the practice.
- There was a leadership structure in place and staff felt supported by management.
- Policies and procedures were in place within the practice; however, a review of these demonstrated that a number of policies contained information which was not related to the practice including the names of doctors who did not work at the practice as leads in certain areas.
- There were limited governance arrangements in place to support the delivery of care; systems and processes in place to identify, assess and monitor risk within the practice needed to be strengthened.
- Arrangements to ensure the registered manager retained oversight for the provision of regulated activities were limited.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and practice manager encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The practice had recently successfully recruited a number of new members to its patient participation group and held a face to face meeting. The practice needed to ensure they had regard for the views of patients in improving areas where the practice performance was below local and national averages.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

The practice is rated as requires improvement for providing safe and well-led services. The findings which led to these ratings apply to all population groups including this one. However we did see some examples of good care:

- The practice offered personalised care to meet the needs of the older people in its population. Older patients all had allocated named GPs responsible for their care.
- The needs of older people were met through urgent appointments and home visits where these were required. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary meetings were held with community based health and social care professionals to ensure the needs of the most vulnerable patients were being met.
- Monthly visits were undertaken to local care home where patients were residents.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

The practice is rated as requires improvement for providing safe and well-led services. The findings which led to these ratings apply to all population groups including this one. However we did see some examples of good care:

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Monthly clinics were held within the practice with the diabetes specialist nurses to facilitate the management of patients with poorly controlled diabetes.
- Recall systems had been improved and administrative staff supported the effective recall of patients. This had led to a reduction in exception reporting rates.

Summary of findings

- Performance for diabetes related indicators 96.7% which was 14.7% above the CCG average and 6.9% above the national average. The exception reporting rate for indicators related to diabetes was 16.3% which was above the CCG average of 9.9% and the national average of 11.6%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

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

The practice is rated as requires improvement for providing safe and well-led services. The findings which led to these ratings apply to all population groups including this one. However we did see some examples of good care:

- There were arrangements in place to ensure children were safeguarded from abuse. Staff had received relevant safeguarding training and had a good understanding of safeguarding procedures.
- Systems were in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Although work was underway to increase uptake, immunisation rates were still below local averages for standard childhood immunisations. The practice was aware of this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a dedicated children's area which included a play area and a wide range of information related to child health.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people.

Summary of findings

The practice is rated as requires improvement for providing safe and well-led services. The findings which led to these ratings apply to all population groups including this one. However we did see some examples of good care:

- The needs of the working age population, those recently retired and students had been identified and the practice offered services meet their needs.
- Although extended hours surgeries were not provided, afternoon consultations with GPs and nurses were offered until 6.30pm.
- The practice was proactive in offering online services including text message reminders and online appointment booking.
- A full range of health promotion and screening was offered that reflected the needs for this age group. The practice had worked to increase the uptake of cancer screening and uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were in line with local and national averages.

People whose circumstances may make them vulnerable

Requires improvement

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

The practice is rated as requires improvement for providing safe and well-led services. The findings which led to these ratings apply to all population groups including this one. However we did see some examples of good care:

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

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

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

The practice is rated as requires improvement for providing safe and well-led services. The findings which led to these ratings apply to all population groups including this one. However we did see some examples of good care:

- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 8.1% which was below the CCG average of 11% and below the national average of 11.3%.
- 96.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 11.2% above the CCG average and 13.1% above the national average. This exception reporting rate for this indicator was 0% which was significantly below the CCG average of 5.1% and the national average of 6.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had participated in a city wide practice specific objective related to self-harm and suicide attempts. Following the review the practice now ran weekly searches of their patient record system to identify any patients who had been coded with self-harm or suicide attempts to ensure these patients were added to a register to be reviewed and assessed for intervention by the GPs once a week. The practice met with other local GP practices to discuss best practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 363 survey forms were distributed and 88 were returned. This represented a 24% response rate and was equivalent to 1.5% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 86% 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%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 completed comment cards regarding the service provided by the practice. Thirty-three of the comment cards were wholly positive in relation to services provided by the practice; eight comment cards were mixed in respect of their feedback with most commenting positively on care and treatment but highlighting issues with regards to accessing appointments and waiting times; four comment cards were wholly negative with feedback relating to long waiting times to be seen.

Areas for improvement

Action the service MUST take to improve

- Ensure that effective systems and processes are in place to identify, assess and mitigate risks related to the health, welfare and safety of service users and others by;
- Taking action to mitigate risks identified (for example in relation to legionella and fire) and ensuring all risks are assessed (for example those relating to emergency medicines and equipment).
- Ensuring policies and procedures are correct, relevant to the practice and reflect the processes in place.

Action the service SHOULD take to improve

- Improve the recording and management of significant events to ensure reviews and follow ups are documented.
- Improve the systems for the management of complaints to ensure documentation is well ordered.
- Review the business continuity plan
- Continue to promote and increase uptake of childhood immunisations
- Improve the identification of carers to provide them with support and advice
- Take steps to improve confidentiality in the reception area.
- Continue to review the availability of appointments to address the patient feedback on delays in seeing a GP.

Sherwood Rise Medical Centre

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 adviser and a second CQC inspector.

Background to Sherwood Rise Medical Centre

Sherwood Rise Medical Centre provides primary medical services to approximately 5700 patients and is part of Nottingham City Clinical Commissioning Group. Services are provided under a general medical services (GMS) contract.

The practice is located in the Sherwood Rise area of Nottingham, close to the city centre and is accessible by public transport. The premises were purpose built in 1986 and some community health services are based in the building adjacent to the practice. Car parking is available on site and all patient services are provided from the ground floor.

The level of deprivation within the practice population is similar to the local average and significantly above the national average with the practice falling into the second most deprived decile. Level of income deprivation affecting children and older people are above the national average.

The clinical team is comprised of two GP partners (one male, one female), a long-term locum GP (female), one practice nurse and two healthcare assistants. The clinical team is supported by a practice manager (part time), an operational manager (part time) and seven members of reception and administrative staff.

The practice opens between 8.30am and 1pm and from 2pm and 6.30pm. GP consulting times are variable but are generally from 9am to 11.30am each morning and from 4pm to 6pm each afternoon. Out of hours care is provided by NEMS.

The practice has previously been inspected by the Care Quality Commission and rated as requires improvement.

Why we carried out this inspection

We undertook a comprehensive inspection of Sherwood Rise Medical Centre 11 November 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We did a follow up inspection on 21 September 2015 to check improvements had been made, this inspection did not change the ratings. The reports can be found by selecting the 'all reports' link for Sherwood Rise Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Sherwood Rise Medical Centre Health Centre on 1 December 2016. This inspection was carried out to ensure improvements had been made.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2016.

During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 11 November 2014 we rated the practice as requires improvement for providing safe services as arrangements in respect of areas including safe recruitment and the management of significant events required improving.

Although there had been some improvements, there remained areas of risk which had not been assessed to ensure safe care and treatment when we undertook a follow up inspection on 1 December 2016. The practice remains rated as requires improvement for providing safe services.

Safe track record and learning

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

- Staff informed the practice manager or one of the partners about significant events or incidents within the practice. Recording forms were available as hard copies and on the practice's computer system to enable events to be recorded.
- The recording processes supported the recording of notifiable incidents under 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).
- When things went wrong with care and treatment, patients were informed of the incident, provided with support, information and apologies where appropriate. Patients were told about actions taken within the practice to improve processes to prevent the same thing happening again.
- The practice discussed significant events on an ongoing basis and reviewed these with all staff at regular full practice team meetings; however recording of significant events was not always sufficiently detailed and there was sometimes a delay in events being discussed with all relevant staff which could result in events re-occurring.

We reviewed information related to safety including incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, procedures were changed following a patient being given blood test results for another patient.

Processes were in place to deal with alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and alerts related to patient safety. Alerts were received centrally and disseminated to relevant staff within the practice. The practice maintained a log of alerts received and documented the action taken in respect of these.

Overview of safety systems and processes

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

- The practice had appropriate arrangements in place to help to safeguard children and vulnerable adults from abuse. Policies were in place and were accessible to all staff. The policies reflected relevant legislation and clearly outlined who to contact for further guidance if staff had concerns about the welfare of a patient. The practice had safeguarding leads in place and regular meetings were held with the health visitor and the GPs to discuss children at risk of harm. The GPs attended external child safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated knowledge of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Information about key safeguarding contacts was displayed around the practice.
- Information was displayed in the practice which advised patients that they could request a chaperone if required. All staff who acted as chaperones were trained for the 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).
- Arrangements were in place to ensure the practice maintained appropriate standards of cleanliness and hygiene. During our inspection we observed the practice to be clean and tidy and patient feedback was positive about the cleanliness of the practice. The practice nurse was the infection control clinical lead who liaised regularly with the local infection prevention teams to seek advice and guidance on best practice. Infection control policies and protocols were in place and staff

had received training relevant to their roles. Regular infection control audits were undertaken and action plans were produced in response to these. We saw evidence that action was taken to address any areas which required improvement; for example light fittings had been replaced following the recent audit.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed four staff files and found appropriate recruitment checks had been undertaken. For example, the practice had obtained proof of identification, evidence of conduct in previous employment or character references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice provided us with a copy of a document entitled 'Fire Safety Risk Assessment' dated 02.05.2016; however this document needed to be reviewed. The risk assessment document was not clearly set out meaning it was difficult to ascertain what risks had been identified and what action had been taken to mitigate these risks. The document was not consistently and fully completed. For example some identified risks had been rated (as low, medium or high) and there was evidence showing what actions were needed alongside timescales for completion. However, other risks had not been rated nor had actions been identified to mitigate these risks. Where action had been taken to reduce risks, the document had not been updated to reflect this. The risk assessment was not limited to fire safety risks and covered other areas including infection control.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had recently commissioned an external company to undertake a legionella risk assessment and received the completed report in November 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); the report identified a number of actions required to mitigate risk which had not yet been implemented by the practice. The practice manager told us plans were in place to ensure this was done following the inspection; however we have not been provided with evidence to assure us that these actions have been addressed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rota systems were operated to ensure there were enough staff on duty and staff provided cover for each other in the event of absence or annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. During our inspection we noted signs were displayed in different places (we identified one on a cupboard in the treatment room and another in the reception area) within the practice indicating the location of the defibrillator which could have caused confusion regarding its location in the event of an

emergency. Although the practice assured us that practice staff were aware of the location of defibrillator this could have caused confusion for locum staff or community healthcare professionals working in the practice. The practice informed us that it had recently been moved and the previous sign needed to be removed. Following our inspection the practice told us the incorrect signage had been removed.

- A first aid kit and accident book were available.
- Some emergency medicines were available and were accessible to staff in a secure area of the practice. Staff were aware of their location. All the medicines we checked were in date and stored securely. However, the practice did not hold stocks of emergency some medicines which might be required in an emergency. For example, they did not stock benzyl penicillin (for the treatment of suspected bacterial meningitis) or hydrocortisone (for the treatment of acute severe asthma/severe or recurrent anaphylaxis). The practice had not undertaken a formal assessment of the risk of not holding stocks of these medicines. Following our inspection the practice provided evidence to demonstrate they had ordered stock of benzyl penicillin and hydrocortisone.
- Documentation held with the emergency medicines indicated the practice held stocks of Glucogel (for the treatment of hypoglycaemia); however this was not listed on the protocol provided and was found to be out of stock on the day of the inspection. This was ordered by the practice nurse during the inspection who had been unaware that this was out of stock.
- The practice had a business continuity plan in place covering major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers. The plan had been updated in November 2016, however, the plan needed to be reviewed. For example, the plan indicated that there was a communication cascade in the appendices, however, no appendices to the document were found meaning it was not clear who would have responsibility for contacting whom in the event of an incident. The practice told us this was an oversight and that action had been taken to rectify this on the day of the visit.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 30 November 2014, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the training of staff, uptake rates for cancer screening and management of patients with long-term conditions needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 1 December 2016. The provider is now rated as good for providing effective services.

Effective needs assessment

- Relevant and current evidence based guidance and standards were used to assess the needs of patients deliver care; these included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.
- The practice had systems in place to keep all clinical staff up to date. Staff had online access to guidelines from NICE and local guidelines and used these to deliver treatment that met patients' needs. New guidelines and changes to guidelines were discussed amongst clinical staff at regular meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 99.4% of the total number of points available. This was 6.3% above the CCG average and 4.1% above the national average.

The exception reporting rate within QOF for the practice was 11.5% which was 2.4% above the CCG average and 1.7% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 compared with data from 2015/16 demonstrated that there had been a significant reduction in exception reporting rates within the practice from 37.1% to 11.5%. The reduction had resulted from the new practice manager introducing a new process for exception reporting, nurse recruitment and GP education. The practice had made changed to the way in which they recalled patients for reviews with a new focus on telephoning patients to agree convenient appointments.

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

- Performance for diabetes related indicators 96.7% which was 14.7% above the CCG average and 6.9% above the national average. The exception reporting rate for indicators related to diabetes was 16.3% which was above the CCG average of 9.9% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 3.6% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 3.6% which was below the CCG average of 4% and the national average of 3.9%.
- Performance for mental health related indicators was 100% which was 9% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 8.1% which was below the CCG average of 11% and below the national average of 11.3%.
- 96.9% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 11.2% above the CCG average and 13.1% above the national average. This exception reporting rate for this indicator was 0% which was significantly below the CCG average of 5.1% and the national average of 6.8%.

There was evidence of quality improvement including clinical audit.

- A range of audits and quality reviews had been undertaken within the practice. These included reviews of insufficient cervical screening results (two cycle), minor surgery audits and reviews undertaken as practice specific objectives.
- The audit of insufficient cervical screening results examined the reasons for results being returned to the

Good

Are services effective?

(for example, treatment is effective)

practice for re-tests. Following the initial audit areas of learning were identified including ensuring samples were correctly labelled. Re-audit demonstrated a reduction in the number of insufficient samples.

- The practice participated in local audits, benchmarking and peer review. In conjunction with the CCG the practice reviewed data related to performance in areas including emergency admissions, A&E attendances and cancer screening. For example, in response to performance, the practice had worked to improve its flu and pneumococcal vaccination rates. Recent data demonstrated the practice had increased their vaccinations rates and were ranked second highest of local practices.
- Information about patients was used to make improvements. For example, audits had been undertaken to review the levels of A&E attendances and patients issued with information about the appropriateness of attending A&E.
- The practice had participated in a city wide practice specific objective related to self-harm and suicide attempts. Following the review the practice now ran weekly searches of their patient record system to identify any patients who had been coded with self-harm or suicide attempts to ensure these patients were added to a register to be reviewed and assessed for intervention by the GPs once a week. The practice met with other local GP practices to discuss best practice.

Effective staffing

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

- An induction plan was in place to support newly appointed clinical and non-clinical staff. This covered such topics as safeguarding, infection control (including handwashing), fire safety, health and safety and confidentiality.
- Relevant staff were supported to access role-specific training and updates. For example, the practice nurse had previously worked as a nurse in secondary care and had been supported by the practice to access training required for practice nursing; this included training to support them in reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings.
- The practice used appraisals, meetings and wider reviews of the development needs of the practice to identify the learning needs of staff. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received regular appraisals and the practice had a training action plan in place which identified the training needed over the course of the year.
- Staff received training the practice defined as mandatory that included safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- In situations where it was unclear if a patient had capacity to consent to care or treatment clinicians undertook an assessment of the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services. Some services were available for patients on the premises including smoking cessation advice from a local provider; this service was also available to patients from other practices in the area.

Data from QOF showed that the practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 81% and the national average of 81%. The practice proactively telephoned patients who did not attend for their cervical screening test and ensured a female sample taker was available. There were 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. We saw information displayed within the practice to promote attendance at screening programmes. Data showed that the practices uptake rates were in line with local and national averages. For example, the practice uptake rate for breast cancer screening was 68% which was marginally below the CCG average of 71.9% and the national average of 72.2%. The uptake rate for bowel cancer screening was 55.4% which was marginally above the CCG average of 53.6% and marginally below the national average of 57.9%.

The practice had historically low uptake rates for childhood immunisation rates and had been working to improve these; however uptake rates were still below local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 95% compared to the CCG average of 85% to 95%. Immunisation rates for five year olds ranged from 77% to 80% compared to the CCG average of 91.7% to 95.2%. The practice continued to try to improve uptake and had a dedicated child area within the practice with a wide range of posters and displays promoting childhood immunisation. The practice nurse was working with one of the members of the administrative team to proactively contact and chase parents of children who were due to attend for immunisations or who has missed appointments to encourage them to attend.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we saw that members of staff behaved in a polite and helpful manner towards patients and treated them with respect.

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

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

We received feedback from patients during our inspection; this included 45 Care Quality Commission comment cards completed by patients and speaking with a member of the patient participation group (PPG) and three patients. The majority of comments received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, a number of comments made reference to the lack of confidentiality in the reception area. The reception desk was situated behind a screen meaning patients had to speak loudly in the open reception area to be heard. Further to this the sound was reflected back into the waiting room meaning conversations could be overheard. The practice acknowledged that this was an issue and was considering what could be done to address this.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores for interactions with GPs, nurses and reception staff were in line with or slightly below local and national averages. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The majority of patients told us they felt involved in decisions made about the care and treatment they received. Feedback indicated the majority of patients felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about treatment available to them.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Good

Are services caring?

- Translation services were available for patients who did not have English as a first language. In addition, a number of staff within the practice spoke additional languages including Urdu and Polish.
- Some information leaflets were available for patients in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers; this was equivalent to 0.7% of the practice's patient list. Work was underway within the practice to increase the numbers of carers identified and the practice had recently appointed a member of staff as carers' champion. This was an area the patient participation group (PPG) were also keen to develop and wanted to work towards setting up a support network for carers. A range of information was available within the practice to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice considered the needs of their local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

For example:

- Although the practice did not offer extended hours appointments, late afternoon consulting times enabled patients to book appointments until 6pm each evening.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent appointments were available for children and those patients with medical problems that required same day consultation.
- The practice hosted a smoking cessation service with appointments available to patients and patients of other practice locally.
- ECGs and ear irrigation were offered for patients and non-patients.
- Daily phlebotomy clinics were provided within the practice.
- A weekly baby clinic was run within the practice with input from the practice nurse, the health visitor and the GP where required. Additionally the midwife offered weekly antenatal clinics.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately (with the exception of yellow fever). Appointments for travel consultations were available until 6.30pm.
- The premises had facilities for patients with a disability including an accessible toilet and dedicated parking. There was also a hearing loop and translation services were available.
- A range of online services were provided including appointment booking and requests for repeat prescriptions.
- Monthly clinics with a diabetes specialist nurse to support patients with poorly controlled diabetes.
- A range of minor surgery was available for patients which reduced the need for patients to travel to receive care.
- Contraceptive services were offered to patients including coil fittings and implants.
- Information was displayed within the practice and on the website which invited patients to let the practice know if their communication needs were being met.

Access to the service

The practice opened from 8.30am to 1pm and from 2pm and 6.30pm daily. GP consulting times were variable but were generally from 9am to 11.30am each morning and from 4pm to 6pm each afternoon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CC average of 78% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 86% 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%.

Feedback from patients during the inspection indicated that most people were able to get appointments when they needed them. However, a number of patients did comment negatively on the waiting time when they had arrived at the practice and on difficulties in accessing routine appointments. The practice told us they were aware of issues related to appointments and were working to improve appointment triage and allocation as well as improving communication when appointments were running late.

Listening and learning from concerns and complaints

The practice had systems in place to handle complaints and concerns.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at 17 complaints received since November 2015.Complaints were generally handled in a satisfactory manner with complainants receiving explanations and apologies where appropriate. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the appointment system was changed following a complaint enabling appointments to booked two weeks in advance rather than one week.

Complaints were logged centrally and reviewed and discussed at regular meetings. However, systems for the management of complaints needed to be strengthened to ensure documentation was properly ordered and corresponded with the central log. Following our inspection the practice told us they had introduced a new system for the recording and tracking of complaints.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 30 November 2014, we rated the practice as requires improvement for providing well-led services and a requirement was set. This was because there was a lack of clarity regarding the vision or strategy for the practice and governance arrangements were not being operated effectively. The practice sent us an action plan indicting the actions they would take to address the issues.

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

Vision and strategy

- The practice had a vision which centred on the delivery of a high quality service whilst continually improving. Other areas of the practice's vision included partnership working, treating patients with courtesy, dignity and respect and valuing and respecting staff.
- Staff were engaged with the vision and values of the practice.
- The aims and objectives of the practice were outlined in their statement of purpose.
- The practice provided us with a copy of their '5 Year Plan and Vision' document which outlined some areas for development within the practice. These included increased use of email for communicating with patients, recruitment of additional GP support and making improvements to access. Some progress had been made against identified areas for improvement within the plan.
- Staff within the practice told us that issues related to the negotiation of their lease had caused challenges but that they had ensured they continued to maintain and refurbish the premises during this time. A new premises lease had recently been signed.
- A refurbishment plan was in place for the practice for 2017.

Governance arrangements

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

- There was a staffing structure and staff were aware of their own roles and responsibilities. The staffing structure was set out in an organisational structure chart.
- Arrangements in place to identify, record and manage risks were not being operated effectively within the practice. For example, the practice had not identified the risk of not stocking emergency medicines to respond to certain clinical emergencies. This risk had not been assessed.
- Where risks had been identified, systems to assess and monitor the risks were not operated effectively. For example, the practice had commissioned an assessment and report in respect of the risks of legionella. This had been provided to the practice in November 2016 and identified a number of actions required to mitigate identified risks but there no clear plan in place as to how the practice was going to implement these actions.
- In addition, a fire risk assessment undertaken internally did not clearly identify risks related to fire and did not document actions taken to reduce risks.
- The practice had a range of policies and procedures in place to govern activity; however our inspection identified issues with the policies in place. During our inspection we reviewed a sample of policies and procedures and identified a number of policies which were not specific to the practice and included the name of another practice and/or had clinical and non-clinical staff from another practice named as leads or contacts. These included the Bullying and Harassment Policy, the Clinical Governance Policy, the Children in Care Registration Protocol Template and the Safeguarding Children Policy.
- We reviewed the Locum GP Induction Policy and Pack and identified some areas within this document which needed to be reviewed. These included reference to a GP from another practice and passwords and access codes for systems which were relevant to another practice. This presented a risk that a locum GP working within the practice would access systems using log in details for another practice.
- In addition, we saw evidence that procedures and protocols in place were not always being followed within the practice. For example,
- Some audits were undertaken within the practice and this had been identified as an area for further improvement. We were not assured that there were

Are services well-led?

Inadequate

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

effective governance systems in place to ensure the registered manager of the service retained oversight of the running of the practice. In addition we were not assured that strong clinical leadership was demonstrated in areas within the practice. For example, data from the Quality and Outcomes Framework (QOF) for 2014/15 demonstrated the practice had exception reporting rates which were significantly above the local and national averages. Although data from 2015/16 showed this had been addressed, we were told this had been identified as issue and the improvement driven by the practice manager.

Leadership and culture

The partners and the practice manager told us during the inspection that they prioritised safe, high quality care. Staff told us the partners and the practice manager were approachable and always took the time to listen to all members of staff. Staff working within the practice were positive about the impact the of practice manager who had started with the practice on a part-time basis in 2015.

The provider was aware of and had 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).The partners and management encouraged a culture of openness and honesty.

Systems were in place to ensure that when things went wrong with care and treatment affected patients were offered support, information and apologies. The practice kept records of verbal interactions as well as written correspondence.

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

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

The practice had recently joined an alliance of GP practices in Nottingham. The practice manager was a lead member of project which centred on the development of a staffing bank which practices in the alliance would be able to use to support them in times of staff shortage. The project was due to be rolled out early in 2017.

The practice was participating in a local pilot scheme involved in preventing diabetes. Work had commenced in this area and the practice had identified over 40 patients who might be at risk of diabetes.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- Although a virtual PPG had been operating the practice were keen to support a face to face group to be established. As a result of promotional work in this area, there had recently been a face to face meeting with a newly formed group. Ideas for actions for the group included developing newsletters and reviewing support for carers.
- Anonymised thank you cards and letters were displayed in the practice. In addition, the practice had a board displayed in the waiting area entitled 'You said, we did' highlighting action which had been taken in response to feedback received. For example, the carpet in the waiting area had been changed in June 2016 following feedback from the PPG.
- The practice had gathered feedback from staff through meetings, appraisals and general discussions. Staff told

Are services well-led?

Inadequate

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

us they would be open in giving feedback and would not hesitate to discuss any concerns with colleagues or the practice manager. Staff told us they felt involved and engaged to improve how the practice was run.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have effective systems in place to assess, record and monitor risks to the health and safety of service users. They had failed to identify the risks associated not stocking some emergency medicines. Where risks had been identified, appropriate action to mitigate risk had not been taken or recorded for example in relation to fire and legionella. Policies and procedures were not relevant to the practice and did not always reflect processes in place. For example in relation to emergency medicines. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.