

Meden Medical Services

Quality Report

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Date of inspection visit: 27 June 2017

Date of publication: 28/09/2017

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?	Requires improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Requires improvement 
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 of Meden Medical Services on 16 December 2015. The practice was rated as requires improvement overall. The fully comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Meden Medical Services on our website at www.cqc.org.uk.

We carried out a further announced comprehensive inspection at Meden Medical Services on 27 June 2017. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events. However, there had been no significant events reported or reviewed since December 2016 for both the main and branch surgeries.
- Data showed patient outcomes were low compared to the national average.
- Data from the GP patient survey showed that patients rated the practice lower than average for several aspects of care. However, patients we spoke with said they were treated with compassion and respect and were involved in their care and decisions about their treatment. Feedback received from 18 CQC patient comment cards were all positive about their experience of the practice.
- Information about services and how to complain was available and easy to understand.
- The practice and branch surgery had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided a range of services to meet the needs of its population. For example, the practice offered a minor injuries service.
- There was a leadership structure in place and staff told us they felt supported by management.

Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) in place who met on a regular basis and carried out patient surveys in the patient waiting area.

The areas where the provider must make improvements are:

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including appointment access and consultations with GPs and nurses.
- Ensure there is an effective system in place to manage and monitor processes to improve outcomes for patients.
- Review process in place to ensure blank prescription forms are tracked throughout the practice.

In addition the provider should:

- Continue to review the process for significant events on a regular basis to ensure any themes or trends are identified and learning has been embedded.
- Provide practice information to patients in particular in relation to the practice zero tolerance policy for patients.
- Ensure that safety updates from the MHRA received by the practice, are disseminated to relevant members of staff ensuring adequate records are held to evidence that relevant staff have received these alerts and actions taken as necessary.

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there had been no further significant events recorded since December 2016.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had a process in place in relation to alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA) During our inspection, we saw examples of various alerts received however, we did not see any evidence of dissemination of MHRA alerts or evidence that staff had received and acted upon them appropriately.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average. For example data from the QOF showed performance for diabetes related indicators was 76% which was lower than the CCG average of 85% and the national average of 90%. Performance for chronic obstructive pulmonary disease related indicators was 84% which was lower than the CCG average of 93% and the national average of 96%.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff with the exception of one clinician who required an appraisal.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- In 2016, a GP received a 'kindness' award presented by NHS Mansfield and Ashfield CCG and was nominated for this award by patients of the practice.

Good



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (1% of the practice list).
- Staff told us that if families had experienced bereavement, their usual GP contacted and carried out bereavement home visits.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We spoke with two patients and received 18 comment cards which indicated that patients felt they were treated with compassion and respect and were involved in decisions about care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

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

- Results from the GP patient survey showed that patients' satisfaction with access to the practice was below local and national averages.
- The practice provided a range of services to meet the needs of its population. For example, the practice offered a minor injuries service.
- 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 the practice responded quickly to issues raised.
- The practice offered extended hours on a Monday to Thursday from 7am until 8.30am each day and from 6.30 until 7.30pm on a Tuesday each week at the Meden Vale surgery for working patients who could not attend during normal opening hours.

Requires improvement



Are services well-led?

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

- There was a vision to deliver high quality care which was shared with patients on their website and in the patient guide.
- The practice provided us with a copy of a practice action plan following our last inspection in December 2015 which

Requires improvement



Summary of findings

highlighted areas for improvement and actions taken to address these areas. Although we saw that there had been improvement in some areas, there were still a number of areas which required further review and improvement.

- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There were governance systems in place which supported the delivery of care. However, some of these systems needed to be strengthened.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was 76% which was lower than the CCG average of 85% and the national average of 90%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a clinical prevalence of chronic obstructive pulmonary disease (COPD) which was significantly above the national average. (COPD is the name for a collection of lung diseases). However, performance for indicators to measure the

Requires improvement



Summary of findings

management of COPD was below local and national averages. For example, performance for chronic obstructive pulmonary disease related indicators was 84% which was lower than the CCG average of 93% and the national average of 96%.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 91% to 94% which was above the national expected standard of 90%.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 84% and the national average of 81%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had made efforts to engage with young people and had a noticeboard dedicated to under 16s.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and student). The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

Requires improvement



Summary of findings

- 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 offered extended hours services three mornings per week from 7am and until 7.30pm one evening per week at one of its two sites.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had information for 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 practice is rated as requires improvement for the care of people experiencing poor mental health. The service is rated as requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The evidence which led to these ratings applies to all population groups, including this one.

- In 2014-15, performance for mental health related indicators was 69.2% which was 21.9% below the CCG average and 23.6% below the national average. Data for 2015-16 demonstrated that the practice had made improvements however, performance was still below local and national averages in

Requires improvement



Summary of findings

respect of mental health related indicators. For example, performance for mental health related indicators was 84% which was lower than the CCG average of 89% and the national average of 93%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing lower than local and national averages. 263 survey forms were distributed and 107 were returned. This represented 3% of the practice's patient list.

- 72% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 60% 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 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients told us that staff were kind, caring and compassionate. Patients also told us that they liked the new on-line system available for patients.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 80% of patients who had responded said they would recommend this practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including appointment access and consultations with GPs and nurses.
- Ensure there is an effective system in place to manage and monitor processes to improve outcomes for patients.
- Review process in place to ensure blank prescription forms are tracked throughout the practice.

Action the service **SHOULD** take to improve

- Continue to review the process for significant events on a regular basis to ensure any themes or trends are identified and learning has been embedded.
- Provide practice information to patients in particular in relation to the practice zero tolerance policy for patients.
- Ensure that safety updates from the MHRA received by the practice, are disseminated to relevant members of staff ensuring adequate records are held to evidence that relevant staff have received these alerts and actions taken as necessary.

Meden Medical Services

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector and the team included a GP specialist advisor.

Background to Meden Medical Services

Meden Medical Services provides primary medical services to approximately 6,088 patients through a personal medical services (PMS) contract. The practice is located seven miles north of Mansfield in the village of Meden Vale. The practice has a branch surgery at Warsop Primary Care Centre which is a modern purpose built health centre located two miles away from the main surgery. We visited the branch surgery as part of this inspection. This area has historical links to the mining industry.

The practice is located within the area covered by NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

The practice provides services to patients who reside in three care homes and one learning disability unit in Meden Vale and the surrounding areas.

The level of deprivation within the practice population is above the national average, but below the average for the

clinical commissioning group (CCG). However, income deprivation affecting older people is below the national average. The patient population has a higher than average prevalence of chronic diseases

The clinical team comprises two GPs (one male and one female), the practice employs the services of three locum GPs, one nurse practitioner and one practice nurse, two healthcare assistants and one phlebotomist. The clinical team is supported by a practice manager who is assisted by a reception supervisor and an administrative assistant. In addition, there are a team of reception staff and medical secretaries.

The practice is not a designated training practice; however the senior GP is a tutor and hosts first and second year medical students one morning a week during term time from the Nottingham University Medical School.

The Meden Vale surgery is open from 7am to 6.30pm on Mondays, from 7am to 7.30pm on Tuesdays, 7am until 12 noon on a Wednesday and Thursday and from 8am until 6.30pm on a Friday. The Warsop surgery is open from 8am until 6.30pm Monday to Friday with the exception of a Tuesday when the practice opens at 7am. Patients could access appointments at either surgery.

The practice has opted out of providing out-of-hours services for its own patients. This service is accessed by patients via NHS111 and is provided by Primary Care 24 located at Kings Mill Hospital, Nottingham which can be contacted via NHS111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 16 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The

Detailed findings

inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice was rated as requires improvement overall. The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Meden Medical Services on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Meden Medical Services on 27 June 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) and NHS England to share what they knew. We carried out an announced visit on 27 June 2017. During our visit we:

- Spoke with a range of staff including a GP, an advanced nurse practitioner, a practice nurse, and members of the reception and administration team. We also spoke with two patients who used the service who were also members of the patient participation group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed 18 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 16 December 2015, we rated the practice as requires improvement for providing safe services as the practice did not undertake a detailed documented analysis of significant events to detect themes and trends and prevent recurrence. The practice did not ensure that blank prescriptions were managed securely in line with guidance. The practice had failed to assess the risk to patients of not having supplies of specific emergency medicines such as benzyl penicillin for the treatment of bacterial meningitis and arrangements in respect of cleanliness and infection control were not adequate.

Although we had seen some improvement when we undertook a further fully comprehensive inspection on 27 June 2017, there were still some areas which required further review and improvement. The practice is rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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).
- From the sample of four documented examples we reviewed which had been documented between March 2016 and December 2016, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. There had been no further significant events recorded since December 2016.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We saw

evidence that lessons were shared and action was taken to improve safety in the practice. However, we observed that there had been no further significant events recorded since December 2016.

- The practice had a process in place in relation to alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). During our inspection, we saw examples of various alerts received however, we did not see any evidence of dissemination of MHRA alerts or evidence that staff had received and acted upon them appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available 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).

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We were informed during our inspection that she did not attend local IPC meetings due to the lack of provision of these meetings locally. There was an IPC protocol and we were informed that the IPC lead was awaiting further update training. Annual IPC audits were undertaken on a quarterly basis and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence that an audit had been carried out in May 2017, cleaning audits were carried out on a monthly basis.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

The practice had reviewed its processes in relation to the security of blank prescription forms and pads since our last inspection in December 2015. We were informed that the practice had ceased using prescription pads and used electronic prescription forms which were printed when required for patients. We observed that these blank forms were securely stored and there were systems to monitor their use. However, the practice did not record serial numbers when issuing blank forms to prescribing staff or when returning them back into the main, secure stock at the end of the working day to ensure that they could be tracked throughout the practice. This system required further review.

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received

mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

During our inspection, we observed that all vaccinations and immunisations were stored appropriately at both the main and branch surgeries. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis for both fridges. We saw evidence of a cold chain policy in place. (cold chain is the maintenance of refrigerated temperatures for vaccines).

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice held a register of all staff DBS checks carried out.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The last fire drill had been conducted in February 2017. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. During our inspection, we looked at records of fire safety and emergency lighting checks carried out which included regular checks of the fire detection system.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. During our inspection, we saw evidence of electrical and calibration check records which had been carried out by an external specialist.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Doctors bags were also stocked with some emergency medicines for use during home visits. All the medicines we checked were in date and stored securely. We also observed that a doctors bag held a paediatric supply of benzyl penicillin for the treatment of bacterial meningitis but not an adult dose.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 December 2015, we rated the practice as requires improvement for providing effective services as the practice did not ensure robust systems were in place to assess and improve the quality of services being provided to patients including the quality of clinical care and access to services.

Although we identified some improvement when we undertook a further fully comprehensive inspection on 27 June 2017, further improvements were still required. The practice is rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015-16 were 88.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. The practice had seen an improvement compared to its performance of 81.8% which was achieved in 2014-15.

Data from 2015-16 showed:

- Performance for diabetes related indicators was 76% which was lower than the CCG average of 85% and the national average of 90%.

- Performance for mental health related indicators was 84% which was lower than the CCG average of 89% and the national average of 93%.
- Performance for chronic obstructive pulmonary disease related indicators was 84% which was lower than the CCG average of 93% and the national average of 96%.

There was evidence of quality improvement including clinical audit:

- There had been three completed, full cycle clinical audits commenced since March 2016, we saw evidence that these audits had led to improvements being made which were implemented and being monitored. One audit we looked at was carried out to identify patients identified who were at a 'pre-diabetes' stage following a review of their blood screening results. The aim of this audit was to identify these patients and to agree recommendations in line with current guidance to reduce the risk of these patients developing diabetes in the future. The practice agreed standards to include the offer of lifestyle advice and monitoring of these patients in nurse led clinics.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months with the exception of one clinician who had not received an appraisal by a member of the senior practice team within the last 12 months. We were assured that an appraisal would be carried out for this clinician.

- Staff received training that included: safeguarding, fire safety awareness, 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

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Lifestyle and diet advice was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 84% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. For example, rates for the vaccines given to under two year olds ranged from 91% to 94% which was above the national expected standard of 90%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 16 December 2015, we rated the practice as good for providing caring services. We undertook a further fully comprehensive inspection on 27 June 2017. The practice is rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 18 patient Care Quality Commission comment cards we 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.

We spoke with two patients who were both members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect. However; the practice was below average in some areas for its satisfaction scores on interactions with GPs, nurses and reception staff. For example:

- 87% of patients said the GP was good at listening to them compared with 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 85% and the national average of 86%.
- 97% 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%
- 85% 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 86%.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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. However, results some were below the local and national averages. For example:

Are services caring?

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 84% 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%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate. (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)>

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. In 2016, a GP received a 'kindness' award presented by NHS Mansfield and Ashfield CCG and was nominated for this award by patients of the practice.

Staff told us that if families had experienced bereavement, their usual GP contacted and carried out bereavement home visits. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 December 2015, we rated the practice as requires improvement for providing responsive services as the results from the GP patient survey showed that patients' satisfaction with access to the practice was below local and national averages.

Although some results had seen improvement when we undertook a further fully comprehensive inspection on 27 June 2017, some results had still seen little improvement in patient's satisfaction with how they could access care and results in relation to access to the practice by telephone were lower than results published in January 2016. The practice is rated as requires improvement for providing effective services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday to Thursday from 7am each day and from 6.30pm until 7.30pm on a Tuesday each week at the Meden Vale surgery for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.

- There were accessible facilities, which included interpretation services. Wheelchairs were available within the practice for use by those patients who required them.
- There was a children's play area within the waiting room.
- There was a self-arrival machine available for patients who wished to arrive themselves for their appointment rather than wait to speak to a member of the reception team.

Access to the service

The Meden Vale surgery was open from 7am until 6.30pm on Mondays, from 7am until 7.30pm on Tuesdays, 7am until 12 noon on a Wednesday and Thursday and from 8am until 6.30pm on a Friday. The branch surgery was open from 8am until 6.30pm Monday to Friday with the exception of a Tuesday when the practice opened at 7am. Patients could access appointments at either surgery. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 71%.
- 70% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 69% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was aware of their lower than average patient satisfaction results in some areas and was actively monitoring patient satisfaction received. The practice had reviewed its appointment system and made improvements in the hope that this would improve patient experience. The practice had improved the amount of pre-bookable routine appointments available for patients which were allocated phased availability for example, some appointments could be booked at either one, two or three weeks in advance. The practice also offered minor illness appointments with a member of the nursing team that were available to book either on the day on a Monday and Tuesday each week or in advance. The practice had also introduced an on-line appointment booking service.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.

We reviewed six complaints received within the last 12 months and found that these complaints were satisfactorily handled, and dealt with in a timely way with openness and transparency. We saw evidence that complaints were investigated and responded to in writing, apologies were given where necessary and lessons were learnt from individual concerns and complaints. The practice conducted an annual review of complaints, outcomes and learning points which were shared with the practice team.

The practice also held a register of all compliments and positive feedback received. We saw evidence of a quarterly report containing feedback which was available to all practice staff.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 16 December 2015, we rated the practice as requires improvement for providing well-led services. The practice had some governance structures in place which supported the delivery of the strategy and good quality care however, there were areas where the practice needed to make improvements.

We undertook a further fully comprehensive inspection on 27 June 2017. However, there were still some areas which required further review and improvement. The practice is rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice aimed to deliver high quality care in a well organised, modern and friendly setting. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice provided us with a copy of a practice action plan following our last inspection in December 2015 which highlighted areas for improvement and actions taken to address these areas. Although we saw that there had been improvement in some areas, there were still a number of areas which required further review and improvement.

Governance arrangements

The practice had some governance structures in place which supported the delivery of the strategy and good quality care. However, there were areas where the practice needed to make improvements.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. However, staff told us there was a shortage of clinical staff due to challenges in recruitment.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained however further

improvement was required to improve performance particularly in relation to patient outcomes and patient experience. Practice meetings were held on a regular basis which provided an opportunity for staff to learn about the performance of the practice.

- Clinical audit was undertaken in the practice however, further improvements were required to ensure these audits were used to monitor quality and to make improvements to patient outcomes.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The senior partner in the practice had a range of experience to assist them in the running of the practice. For example, the senior partner had specialist interests in areas such as antenatal care and ENT (ear, nose and throat) medicine. The senior partner and senior team were visible in the practice and staff told us they were approachable and listened to all members of staff.

The provider was aware of and had systems 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 senior partner encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement 

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

- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the senior partner in the practice. All staff were involved in discussions about how to run and develop the practice, and the senior partner encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which had been established for approximately 10 years and met regularly, carried out regular patient surveys face to face within the patient waiting area and worked with the practice management team to effect improvements. For example, the PPG had worked with the practice to try to improve the

availability of appointments and waiting times. The PPG had also supported the practice in a patient survey of on-line patient services which commenced in January 2017 and was ongoing at the time of our inspection. During our inspection, we saw a report which had been completed which included detailed patient feedback collected as a result of this patient survey.

- The practice prepared a patient newsletter to ensure patients received relevant updates and information such as information relating to out of hours care, repeat prescription requests and on-line services available to patients.
- the NHS Friends and Family test, complaints and compliments received.
- staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The process for tracking blank prescription forms in the practice required review to ensure their security.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to manage, monitor and improve outcomes for patients or to improve the quality of services being provided to patients including access to services.</p> <p>This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>