

Dr Mark Stevens

Inspection 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 location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement

(Previous rating November 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dr Mark Stevens (Mapperley Park Medical Centre) on 27 July 2018.

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

- 13 and 14 March 2015 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.
- 1 December 2015 – The practice was rated inadequate overall and remained in special measures as it had not made the required improvements to achieve compliance with the regulations.
- 2 June 2016 – A focused inspection was undertaken in response to information of concern indicating the provider was not meeting the conditions of its registration. The overall rating of inadequate still applied.
- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.
- We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.
- 25 April 2017 - The practice was rated inadequate overall and remained in special measures as it had not made sufficient improvements to achieve compliance with the regulations.
- 3,7 and 22 November 2017 – The practice was still rated inadequate and remained in special measures. The CQC also acted in line with our enforcement procedures to

begin the process of preventing the provider from operating the service. The provider appealed against this action to the Health and Social Care first tier tribunal.

- This inspection was undertaken following the continued period of special measures and was an announced comprehensive inspection on 27 July 2018.
- Following this inspection and prior to the scheduled tribunal hearing a consent order was made by the tribunal which stated that the hearing listed for 7-9 August 2018 would be vacated and the provider's appeal was allowed on the agreement of conditions being added to their registration with CQC as a service provider. These conditions are that the provider must:
 - Ensure that the regulated activities are managed by an individual who is registered as a Manager in respect of each activity at or from all locations.
 - Ensure that the practice has a suitably qualified, competent, skilled and experienced person to manage day to day operations to ensure delivery of the service and that suitable arrangements are made in their absence in relation to their duties.
 - Ensure that an application for a suitable individual to be registered as a Registered Manager is submitted to the CQC by 31 August 2018.

Reports from our previous inspections can be found by selecting the 'all reports' link for Dr Mark Stevens on our website at www.cqc.org.uk.

At this inspection we found:

- The system for dealing with significant events had improved and staff understood their responsibilities to raise concerns and report incidents. These were discussed with relevant staff on a regular basis, learning identified and acted upon.
- Although improvements had been made to the systems relating to safeguarding, further improvement was required as the safeguarding register was not being reviewed appropriately to ensure relevant children were identified and discussed at meetings.
- Alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA) were acted upon.

Overall summary

- There were now arrangements in place to assess, manage and review risks.
- Examples we found during our inspection identified a theme that patient records were not always updated appropriately or with sufficient detail following the receipt of incoming information to the practice.
- Improvements had been made but there was still not an effective system to manage the summarisation of patient records. Of the 300 patient records which had not been summarised at the time of our last inspection there were still over 150 which were recorded as not having been summarised.
- Unverified Quality and Outcomes Framework data for 2017-18 showed that exception reporting had improved and was now at an acceptable level demonstrating greater oversight.
- A new recall system had been introduced in April 2018 for patients with long term conditions in need of review. The practice manager had oversight of the system but it still required embedding to ensure its effectiveness.
- Feedback we received from patients was consistently positive about the staff and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke with and who gave written feedback expressed their ongoing satisfaction with the appointment system and said they found it easy to make an appointment with the GP and valued their continuity of care.
- Daily open access appointments were available to patients which meant they could be seen on the same day. Patient feedback reflected that overall, they were happy with the access system.

- There was a leadership structure in place and since the employment of a full-time practice manager the structure was effective and roles and responsibilities had been clarified.
- Feedback from staff indicated they felt respected, valued and supported by the GP and the practice manager. All staff were involved in discussions about how to run and develop the practice and were committed to providing a quality service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment.

The areas where the provider **should** make improvements are:

- Ensure the induction system for locums is embedded.
- Ensure the new recall system is embedded.

This service has been in special measures since March 2015. Although improvements have been made there remains a rating of inadequate for providing a safe service. Therefore, the practice will remain in special measures. The service will be kept under review and if needed could be escalated to further urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC inspection manager, a GP specialist adviser and a practice nurse specialist adviser.

Background to Dr Mark Stevens

Dr Mark Stevens is a single-handed GP providing primary medical services to approximately 2300 patients in the Mapperley Park and St Ann's area. The practice is also known as Mapperley Park Medical Centre and is located at Malvern House, 41 Mapperley Park Road, Nottingham, NG3 5AQ.

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

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

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

The clinical staff comprises of a full-time GP (male), a full-time practice nurse and a full-time healthcare assistant who also carried out reception duties. Locum GPs are used to cover the primary GP in their absence.

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

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

Are services safe?

At our previous inspection in November 2017, we rated the practice as inadequate for providing safe services as the practice did not have effective systems in place to ensure the delivery of safe care and treatment. Concerns were identified in relation to the identification and review of significant events, medicines management, monitoring risks, business continuity arrangements and the completion and maintenance of accurate patient records including summarising and safeguarding.

When we carried out this comprehensive inspection on 27 and 30 July 2018 we found some improvements had been made.

At this inspection we still rated the practice as inadequate for providing safe services.

The practice was rated as inadequate because:

- When incoming correspondence was received in the practice, sufficient or accurate information was not always added to the patient record.
- There was still a backlog of summarising of patient care records which meant that clinical information about patients may not have been transferred to the patients' electronic records in a timely manner; therefore, important information might not be available to clinical staff.
- The system for safeguarding children required further improvement.
- Since our last visit, the practice had not ensured GP locums who worked in the practice received an induction, however, a formal induction process had been implemented in July 2018 for future use. One of the GP locum files we viewed did not evidence appropriate checks.

Safety systems and processes

At our inspection in November 2017 we found that the practice did not have clear systems to keep people safe and safeguarded from abuse because in respect of safeguarding, some records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed. In respect of summarising patient records, there was not a reliable system in place

and additionally there was no evidence that some risk assessments relating to the premises had been reviewed since 2015 and some mitigating actions in respect of assessed risks were not being carried out.

At this inspection we found:

- The practice had improved their systems to safeguard children and vulnerable adults from abuse. There were now regular meetings taking place with the health visitor and there were alerts on the patient records of all children subject to safeguarding that we reviewed. We saw evidence of safeguarding referrals having been made or considered. However, the alerts used were not always the appropriate ones and not all children on the safeguarding register who should have been identified as requiring discussion at meetings had been discussed. This also indicated that the safeguarding register was not being adequately reviewed.
- In respect of summarisation of patient records, we found that although some improvement had been made there were still over 200 patient records recorded as not summarised. Of these 150 records, some related to children who were subject to safeguarding who had previously been identified as requiring summarisation at our inspection in November 2017.
- At our inspection in November 2017 we found that some risk assessments relating to the premises had not been reviewed since 2015 and some mitigating actions in respect of assessed risks were not being carried out. At this inspection we found that the practice manager had implemented a new system for carrying out and reviewing risk assessments which ensured that there was a full range of risk assessments in place which had been carried out or reviewed in January 2018 and we were told that they would be reviewed annually. All actions had been completed in a timely way and required mitigating actions had been implemented and were being followed.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of

Are services safe?

people barred from working in roles where they may have contact with children or adults who may be vulnerable.) All staff who acted as chaperones wore a badge identifying themselves as a chaperone.

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. All but one of the locum GP files we reviewed evidenced appropriate checks. We were told following the inspection that this information was held electronically. However, the practice had not ensured that GP locums who had worked in the practice since our last inspection had received an induction prior to working in the practice. We were provided with evidence of an induction process that had been created in July 2018 for future use.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

- At our inspection in November 2017 we found there were not adequate systems to assess, monitor and manage risks to patient safety. This was because the practice did not have an adequate business continuity plan in place and there was no risk assessment in place in respect of occasions when the practice were unable to secure clinical cover when booked staff cancelled at short notice and there was no managerial cover.

At this inspection we saw that the continuity plan was now complete and the practice had introduced a protocol which stated that a member of the management team would be available so that administration staff were not responsible for managing the presence of locum GPs. We also found:

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, there had been an occasion whereby the practice had booked locum GPs to cover absences but the arrangement had fallen through at short notice. As a result, the practice had identified additional locum agencies they could use if necessary.

- There was an effective induction system for new staff tailored to their role and an induction system for locums had been introduced but not yet used or embedded.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

At our inspection in November 2017 we found staff did not always have the information they needed to deliver safe care and treatment to patients. This was because some summarising and coding errors meant that accurate information was not always available. At this inspection we found some examples where patient records did not always show that all relevant information needed to deliver safe care and treatment was available to staff. In particular, incoming information to the practice had not always been documented or acted on appropriately.

We also found:

- There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

- At our inspection in November 2017 we found the practice did not always have reliable systems for appropriate and safe handling of medicines because the vaccine refrigerator was not always being reset after the temperature had been recorded. Additionally, the refrigerator had not been serviced annually. At this inspection we found that refresher training on the cold chain had been given to all staff by the practice nurse and they had signed to acknowledge they were confident in the procedures. There was now a contract in place for annual servicing of the refrigerator. We also found:

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The GP told us they had reviewed their antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was not always monitored in relation to the use of medicines and followed up on appropriately. For example, a patient on a high-risk medicine was still receiving their prescription despite not having had a blood test to monitor its safety. The GP told us they were aware that the patient had not attended for their test and had sent two reminder letters. The GP told us they spoke with the patient following our inspection and the patient had been on holiday but had now arranged for their blood test.

Track record on safety

- At our inspection in November 2017 we found the practice did not have a good track record on safety. This was because some risks to patients were assessed and managed although some had not been reviewed since 2015 and other risks had not been identified.

At this inspection we found:

- There were now comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

At our inspection in November 2017 we found the practice had not learned and made improvements when things went wrong because further improvement was required in the investigation and analysis of significant events to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken. We now found that the practice manager had introduced a new system and recording forms for significant events which included reviewing events to ensure actions were effective. There was a clear audit trail of actions, learning and dissemination. All staff had received face to face training relating to significant events since our last inspection.

We also found:

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection in November 2017, we rated the practice as inadequate for providing effective services. This was due to a lack of clinical oversight in respect of exception reporting and processes to review patients with long term conditions.

When we carried out this comprehensive inspection on 27 and 30 July 2018 we found improvements had been made.

At this inspection we now rated the practice as good for providing effective services overall and across all population groups except for the families, children and young people population group which we rated requires improvement.

Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The GP had online access to guidelines from NICE and local guidelines and attended a GP update course annually.
- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice followed up on older patients discharged from hospital.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Monthly multidisciplinary meetings were held with community based health care professionals to ensure the needs of the most vulnerable patients were being met.
- Continuity of care was provided for older patients as there was only one GP.

People with long-term conditions:

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice nurse held a monthly clinic jointly with a diabetic specialist nurse
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- At our inspection in November 2017 the published Quality and Outcomes Framework (QOF) data from 2016-17 reflected that the practice exception reporting rate for long term condition related indicators was much higher than average. (QOF is a system intended to improve the quality of general practice and reward good practice and 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).

At this inspection unverified 2017-18 QOF data was available and provided by the CCG. This demonstrated that exception reporting and clinical outcomes had improved significantly. For example, the diabetes exception reporting rate had dropped from 27% to 12%, asthma from 13% to 0.63% and chronic obstructive pulmonary disease from 24% to 9%.

- At our last inspection there was not a clear system in place to ensure that recalls for patients with long-term conditions took place to give assurance that they would receive structured annual reviews.
- The practice manager had now introduced a new single system to ensure that patients were recalled as appropriate to receive an annual review. This system had been introduced in April 2018 and still needed to be embedded.
- For patients with the most complex needs, the GP and practice nurse worked with other health and social care professionals to deliver a coordinated package of care.

Families, children and young people:

- At our inspection in November 2017 we found that adequate arrangements were not in place to ensure children were safeguarded from abuse. At this

Are services effective?

inspection we found there had been improvements in this area but we still found further improvement was required. identify potential safeguarding concerns had been missed.

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above. One indicator was slightly below the target at 88% achievement. The most recent data was from 2016-17. The practice had low numbers of children registered and small numbers of children not attending had a large impact on their immunisation rates. Since the practice nurse took up employment at the practice they carried out regular searches to identify children who had missed their immunisations and contacted the parents to book appointments for the immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. However, we saw an example where the procedure had not been followed.
- We saw positive examples of joint working with midwives.

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

- The most recently published data indicated that the practice's uptake for cervical screening was 64%, which was below the 80% coverage target for the national screening programme. The practice nurse ran regular checks to identify patients who were overdue cervical screening.
- A full range of health promotion and screening was offered that reflected the needs for this age group. The practice's uptake for breast screening was below the national average but the bowel cancer screening uptake was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Regular multidisciplinary meetings were held with community based health and social care professionals to discuss the case management of vulnerable patients.
- Patients with a learning disability were provided with an annual health check and we saw evidence that the practice had achieved 100% of these health checks in the year 2017/18.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- At our previous inspection we found that the overall exception reporting relating to mental health was 35%. At this inspection unverified 2017-18 QOF data indicated that this had been reduced significantly to 18%.
- A number of patients were asylum seekers and with the support of an interpreter they had all had health checks.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

At our inspection in November 2017 we found that the overall exception reporting rate within QOF for the practice was 23% which was 13% above the CCG average and 13% 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). We also found that the practice was an outlier for four of the QOF clinical targets and we found very high exception reporting for some clinical indicators. There was no new published data available at the time of this inspection.

At this inspection we reviewed unverified QOF data for 2017-18 provided by the CCG and current data from the practice. This indicated that the practice performance had improved for 2017 to 2018 and exception reporting had significantly reduced, both overall and in specific domains and indicators. The points the practice had achieved to date in the current 2018-2019 QOF year, meant they had already reached or were expected to meet the target percentages by the end of the current year in those areas they were previously an outlier in. Overall exception reporting for 2017-18 had improved significantly from 23% to 11%.

The practice used information about care and treatment to make improvements.

The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- At our inspection in November 2017 we found that most of the administrative team including the practice manager were recently recruited and did not have experience of working in primary care which meant there was limited scope for staff to share knowledge of systems and processes and that as the staff team were recently recruited they had not yet received appraisals.

At this inspection we found that there was a new practice manager in place with more relevant experience. They had been proactive in sourcing and providing training for all

staff as well as recruiting an additional staff member to create capacity for summarisation of patient records to be carried out in a timely way. All staff were now more experienced and confident in their roles.

We also found:

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff including locums. Staff received monthly one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- The practice nurse had become a prescriber since our last inspection and the health care assistant (HCA) had continued their development giving increased clinical capacity. The HCA was well supported by the practice nurse and we saw evidence of daily discussions to support their work.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

At our inspection in November 2017 we found that the palliative care register indicated that there were no patients in this category. However, a patient was identified who should have been included on the register but had not been coded as such. At this inspection we found that the patient had now been included on the palliative care register and as previously was being discussed at multi-disciplinary meetings.

We also found:

- Records showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

- The practice shared information with relevant professionals when discussing care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice had carried out an audit with the intention of increasing the number of patients given support to stop smoking. The second audit reflected an increase in the number of patients given support to stop smoking and as a result of the last run of the audit in July 2018 the practice intended to target new patients to support them to stop smoking.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was very positive about the way staff treat people.
- Staff gave examples which demonstrated they understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were well above local and national averages for questions relating to kindness, respect and compassion. This related to both GP and nurse consultations and the practice scored 95% or above in these areas.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for patients whose first language was not English.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them and were looking at ways to identify young carers.
- The practice's GP patient survey results were well above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice did not offer extended opening hours but telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term was coordinated with other services.

Older people:

- Continuity of care was provided for older patients as there was only one GP. They supported them in whatever setting they lived.
- The needs of older people were met through urgent appointments and home visits where these were required.
- Longer appointment times were available where required and patients could discuss multiple problems during one consultation.
- Older patients could ring and make an appointment for a specific time on the same day rather than having to sit and wait.
- Older housebound patients could to order repeat prescriptions by telephone.
- The health care assistant was the carers champion and a point of contact and support for older patients who were also carers.

People with long-term conditions:

- The practice had recently implemented a new system to recall patients with a long-term condition to ensure they received an annual review to check their health and

medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with other healthcare professionals to discuss and manage the needs of patients with complex medical issues.
- Longer appointments and home visits were available when needed.
- Continuity of care was provided for patients with long-term conditions as there was only one GP.
- Patients could access on the day appointments to deal with any acute complications of a long-term condition.

Families, children and young people:

- All parents or guardians calling with concerns about a child age 12 and under were offered a same day appointment when necessary and for children over 12 they could access same day appointments via the practice's daily sit and wait service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice participated in the national C card scheme which meant young people could obtain free condoms at the practice as part of this scheme.
- Newly discharged mothers were offered a health check appointment for themselves and their baby eight weeks after the birth with a co-ordinated appointment for the baby to have their first immunisations, avoiding multiple trips to the practice.

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

- The needs of the working age population, those recently retired and students had been identified and the practice offered some services meet their needs.
- Although extended hours surgeries were not provided, afternoon consultations with GP were offered until 6.30pm as well as telephone consultations with the GP.
- Open access appointments were provided each morning with patients presenting at the practice before 11.15am being guaranteed an appointment with the GP on the same day.
- The practice offered some online services including online appointment booking and access to electronic prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.

Are services responsive to people's needs?

- The practice nurse had contacted patients who were overdue cervical smear tests and as a result, patients who had not had a smear test for over 20 years had attended.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- 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.
- A number of patients were asylum seekers and the practice gave an example of how they had supported a patient by liaising with the home office, carrying out home visits and ensuring the safety of the patient. Interpreters were used with this group of patients.
- The practice nurse had been proactive in approaching patients with a learning disability who had not attended the practice for a cervical smear test. It transpired one patient did not understand what the test was for. Once the nurse had spent time explaining the test and showed the patient the equipment they were happy to give appropriate consent to undertake the test.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Mental health care plans were in place and when patients were not engaging the practice followed up letters with telephone calls.
- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations.

- Patients we spoke to who had experienced poor mental health spoke very positively about the level of support they had received from the practice.
- The daily open access system was useful for patients with poor mental health as they knew they could be seen on the same day.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were well above local and national averages for questions relating to access to care and treatment except for the responses to whether patients waited 15 minutes or less after their appointment time to be seen where the result was 42% which was below local and national average. Overall, patient feedback we received and results of a survey the practice carried out themselves, reflected that patients were happy to wait to see the GP. Nevertheless, the practice had produced an action plan in July 2018 to attempt to reduce the waiting time.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our inspection in November 2017, we rated the practice as inadequate for providing well-led services. This was because there was insufficient assurance that the practice had adequate governance arrangements in place to ensure the provision of high quality care and treatment and there was a lack of ability to sustain required improvements and maintain appropriate governance systems and processes demonstrated by the fact there had been repeated breaches of regulation since the provider was first inspected in 2014.

When we carried out this comprehensive inspection on 27 and 30 July 2018 we found a number of improvements had been made.

At this inspection we rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement because:

- Although many improvements had been made there were still areas that required further improvement such as record keeping, summarisation of patient records and safeguarding. Some systems and processes were recently introduced and we could therefore not yet be assured of their effectiveness as they had not had time to become embedded.
- The practice provided some assurances following our visit that issues had either been or would be addressed and procedures put in place to manage the risks. We have noted the information and it will be reflected once we carry out a further inspection at the practice and gain assurances that changes to systems or processes are embedded.

Leadership capacity and capability

The current leaders had the capacity and skills to deliver high-quality, sustainable care.

At our inspection in November 2017 the concerns identified meant we were not assured that the GP and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care and there was still insufficient assurance that the GP had the capacity to have oversight of the provision of the regulated activities and to ensure compliance with the regulations. However, at this inspection we found that the new practice manager had overseen and implemented improvements in the governance systems and processes, including relevant

training for all staff. This in turn had created a more stable team within the practice. However, we had concerns that without an effective practice manager there was a risk that these improvements may not be sustained in the future.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The practice manager was aware of and understood the challenges and was taking steps to address them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice were considering future plans but did not yet have an effective proposal in place for the future leadership of the practice.

Vision and strategy

The practice had a vision to deliver high quality, sustainable care but there was not yet a full supporting strategy in place.

- There was a clear vision and set of values. The practice vision was “To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations.”
- Staff were aware of and understood the vision and values and their role in achieving them.

At our last inspection, future plans were discussed but there was not a strategy in place to support this at that point. The provider told us they had considered various options, including merging with another practice and forming a partnership but needed to focus on the required improvements before pursuing any proposals. This was still the case at this inspection. We were told that the practice held a team away day in June 2018 to discuss models of teamwork, vision and values and future plans.

Culture

The practice aspired to have a culture of high-quality care. For this to be sustainable the governance arrangements implemented by the new practice manager needed embedding before assurance could be gained that they are effective and reflected in the culture of the practice over a period of time.

We found:

Are services well-led?

- Staff stated they felt respected, supported and valued. They were enthusiastic and proud to work in the practice and formed a cohesive team.
- The practice focused on the needs of patients. This was reflected in the overwhelmingly positive comments we received from patients and the number of patients who attended the practice on the day of our inspection specifically to tell us about their positive experiences at the practice.
- Managers acted on behaviour and performance consistent with the vision and values the practice had set out.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included monthly one to one meetings, annual appraisal and career development conversations. All staff had received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally whether they were permanent staff or not.
- There were positive relationships between all staff.
- There was now a full staff team which included a strong nursing team.

Governance arrangements

At our inspection in November 2017 we found the practice had some governance structures and procedures in place which supported the delivery of care but there were a number of areas where governance systems still needed to be improved. This was still the case at this inspection.

There were clear responsibilities, roles and systems of accountability to support good governance and

management. While the practice manager had made many improvements some systems and processes required further improvement or had not yet had enough time to become embedded to ensure their effectiveness.

We found:

- Staff were clear on their roles and accountabilities.
- The practice manager had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, we found that a protocol had not been followed relating to the actions which should have been taken following the death of a patient.
- There was now a clear staffing structure in place with defined roles and responsibilities. Staff were now more confident in their roles as relevant training had been provided and standard operating procedures introduced for them to refer to.
- The system for investigation and analysis of significant events had been reviewed and was now operating effectively as appropriate and relevant learning from incidents had been identified and acted upon.
- The system for safeguarding children was still not effective as we found that although improvements had been made children were not always appropriately identified as being at risk and therefore not being discussed appropriately. The safeguarding register also required reviewing and updating.
- The practice manager had introduced and had oversight of a simplified recall system for patients in need of reviews or monitoring. However, this was implemented in April 2018 so had not yet had the time to become embedded and therefore the effectiveness could not yet be assessed.
- The unverified Quality and Outcomes Framework data which we received from the CCG indicated that there was now oversight in this area as the high levels of exception reporting we found at our November 2017 inspection had been significantly reduced to an acceptable level.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

At our inspection in November 2017 we found that arrangements in place to identify, record and manage risks were not being operated effectively within the practice,

Are services well-led?

particularly in respect of the risk of administrative staff working within the practice with no managerial support when the GP was absent, a lack of up to date general and premises risk assessments and the business continuity plan not being complete. At this inspection we found that all these issues had been addressed.

We also found:

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Examples we found during our inspection identified a theme that patient records were not always updated appropriately or with sufficient detail following the receipt of incoming information to the practice.
- At our inspection in November 2017 over 300 patient records were not summarised and at this inspection we found over 150 of those records were still recorded as not having been summarised meaning accurate information may not have been available.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.
- We found that there had been an incident involving the police which should have been reported to the CQC. The practice manager was not aware that CQC should be notified and told us this would be actioned.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All staff had completed GDPR training and policies had been updated.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance. Monthly meetings were currently being held with NHS England and the Clinical Commissioning Group to review the practice performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement. Since our last inspection the practice nurse had become a prescriber and the health care assistant was further skilled, increasing clinical capacity in the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance by means of monthly one to one meetings and weekly team meetings.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Consent order imposed and agreed with conditions on the provider: Ensure that the regulated activities are managed by an individual who is registered as a Manager in respect of each activity at or from all locations. Ensure that the practice has a suitably qualified, competent, skilled and experienced person to manage day to day operations to ensure delivery of the service and that suitable arrangements are made in their absence in relation to their duties. Ensure that an application for a suitable individual to be registered as a Registered Manager is submitted to the CQC by 31 August 2018.
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Consent order imposed and agreed with conditions on the provider: Ensure that the regulated activities are managed by an individual who is registered as a Manager in respect of each activity at or from all locations. Ensure that the practice has a suitably qualified, competent, skilled and experienced person to manage day to day operations to ensure delivery of the service and that suitable arrangements are made in their absence in relation to their duties. Ensure that an application for a suitable individual to be registered as a Registered Manager is submitted to the CQC by 31 August 2018.