Cleveland Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (Previous inspection 29/07/2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

We carried out an announced comprehensive inspection at Cleveland Surgery on 30 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear systems to manage risk so safety incidents were less likely to happen. When some incidents happened, the practice failed to log them. Although the incidents were discussed at meetings, evidence of learning and improved processes were absent.
- Patients told us they found it difficult getting through on the telephone to make an appointment so were unable to access care when they needed it.
- Team meetings took place infrequently, meeting records were ineffective and opportunities to share and promote good practice were missed.
- Complaint levels were high. Although staff dealt with complaints and concerns considerately, the practice missed opportunities to learn lessons from individual concerns and complaints. Complaints were not discussed at practice meetings or reviews undertaken to consider trends.
- The practice was not receiving and acting upon all relevant patient safety alerts.

Summary of findings

- Staff told us the influx of new patients on to the practice list had impacted on the timeliness of care and treatment reviews.
- We saw evidence the practice was reviewing patient feedback and considering ways to improve services. However the actions, timescale and outcome were not clear or reviewed.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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.

More detail can be found in the enforcement actions section at the end of this report.

- Ensure care and treatment is provided in a safe way to patients

More detail can be found in the requirement notices section at the end of this report.

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

- Consider patient feedback around access to female GP appointments.
- Review the newly implemented system for monitoring prescriptions through the practice to ensure it is embedded.
- Review the system in place to report, analyse and discuss significant events with all relevant staff so that learning is disseminated effectively.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further 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. Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Cleveland Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cleveland Surgery

Cleveland Surgery provides services to around 13,300 registered patients in Gainsborough, Lincolnshire. In January 2017, the practice took on approximately 3,700 patients following the closure of Pottergate Surgery. The practice is run by the senior male GP partner in conjunction with three male GP partners who are supported by a GP pharmacy technician and a prescriptions clerk. The practice employs three advanced nurse practitioners, one nurse practitioner, one diabetes specialist nurse, one emergency care practitioner, two practice nurses and two healthcare assistants. Additional staff include a practice manager, assistant manager, secretary, assistant secretary, receptionists and administration staff.

Cleveland Surgery is the name of the registered provider and the practice holds a general medical services (GMS) contract with NHS England. Services are provided at Cleveland Surgery, Vanessa Drive, Gainsborough, Lincolnshire DN21 2UQ.

The practice is open from 8am to 6pm with morning surgery running from 8:45am to 11:45am and afternoon surgery open from 3:15pm to 5:30pm. An extended hours service is offered one day per week from 6:30pm to 8:15pm. Pre-bookable appointments, telephone appointments and on the day 'urgent ' appointments are available. The practice offers a drop in clinic run by the emergency care practitioner four days per week from 9:15am to 11:35am and 3:15pm to 5:40pm. A home visit service for patients is also available should this be needed. The practice offers online services for patients such as online appointment booking and ordering repeat prescriptions.

When the practice is closed patients are automatically directed to the GP out of hour's service. Patients can also access advice via the NHS 111 service.

NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for patients living in Gainsborough, Lincoln and the surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

We reviewed the most recent data available to us from Public Health England which showed the practice has a higher number of patients aged under 18 years compared with the CCG and national average. The practice profile shows a higher percentage of patients whose working status is unemployed (8%) compared to the CCG average (4%) and the national average (5%). Life expectancy for patients at the practice is 76 years for males and 81 years for females. This is below the CCG and national average (79 males; 83 females).

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

We found some systems, processes and practices were in place to keep people safe and safeguarded from abuse.

- The practice carried out all required staff checks of professional registration and recruitment.Electronic records showed Disclosure and Barring Service (DBS) checks were undertaken where required (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). Medical indemnity insurance and nurse and GP registration checks were all up to date.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. However on the day of the inspection the practice had blinds with pull cords and no risk assessment had been carried out. This was corrected by the end of the day and the practice had ordered a cord cleat so the blind cord could be secured safely.
- The practice conducted safety risk assessments which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. There was a lead member of staff for safeguarding. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Some clinical staff told us staffing levels were not sufficient for the increase in patient numbers and the practice was trying to recruit additional staff. Other staff felt staffing levels reflected patient numbers and needs.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice did not always share information with other agencies to ensure patients received safe care and treatment. For example, a letter which contained relevant information was not shared with other staff who worked outside the practice and who were involved in the patient's care. This meant that patients may have been subject to an increased level of risk.
- On the day of the inspection, referral letters included all of the necessary information.

Requires improvement

Are services safe?

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely but did not have an effective system in place to track its use in the practice. However, on the day of the inspection, additional measures were put in place so the practice could track individual prescriptions more thoroughly.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Evidence we saw showed GPs had attended recent training in anti-microbial resistence.
- Patients' health was not always monitored in a timely way to ensure medicines were being used safely and followed up on appropriately. The practice was not involving patients in regular reviews of their medicines. Although clinical staff were carrying out some reviews, practice staff told us that the addition of three thousand seven hundred patients onto the practice list in January 2017 was the reason they had not completed the medication reviews.

Track record on safety

The practice had undertaken risk asessments in relation to safety issues.

- There were risk assessments in relation to safety issues such as fire safety, legionella and premises safety.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Lessons learned and improvements made

The practice did not learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. However, this was not always effective and led to some significant events which were not recognised or reported as such. Staff told us of three significant events which had taken place recently and which had not been recorded. Staff did not fully understand their duty to raise concerns and report incidents and near misses. When significant events were recognised, the records of the event, the review, learning and actions were disorganised and records were insufficient. Staff did explain how they managed one of the recent significant events safely, respected the patients' dignity and ensured they received the care required.
- There were some systems for reviewing and investigating when things went wrong. Significant events were a standing agenda item and were discussed at clinical meetings. However, the minutes reflected an overview of the significant event itself rather than a detailed discussion of what the practice had learned. There was evidence of actions taken as a direct result of the incident but no considerations of revised practice or procedures to try to prevent a reoccurrence. It was unclear whether a system was in place to disseminate learning from significant events to relevant non-clinical staff. We saw clinical meetings took place regularly, at least bimonthly. The practice had held several meetings for reception and administration staff although the last team meeting for all staff was April 2017. There was no evidence NICE guidance or complaints were discussed at clinical or team meetings. Annual reviews which looked at themes did not take place.
- There was an ineffective system for receiving and acting upon safety alerts. The practice received safety alerts indirectly and not from the www.gov.uk website which meant they did not receive all relevant information. As the practice received partial safety alert information, clinical staff were unable to have effective oversight of patient safety.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as inadequate for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice did not have effective systems in place to keep clinicians up to date with current evidence-based practice.

- Patients' needs were not always fully assessed. This included their clinical needs and their mental and physical wellbeing. There was some evidence to show care for people with mental health needs including people with dementia in particular was not prioritised. QOF rates on the day of the inspection had fallen further for this population group.
- The practice were in line with local and national averages for the prescribing of daily quantity of hypnotics.
- The practice were in line with local and national averages for the prescribing of antibacterial prescription items.
- 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:

- GPs carried out a monthly virtual ward round to review the health of older people living in local care homes and liaised with the care home managers.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- 10% of patients with rheumatoid arthritis had received a face-to-face annual review in the preceding 12 months compared to the CCG average of 85% and the national average of 92%.
- The achievements for indicators related to osteoporosis was 100% which was 10% above the CCG and national average.

People with long-term conditions:

- Patients' health was not always monitored in a timely manner to ensure medicines were used safely and followed up on appropriately.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had achieved an average of 77% for nationally reported data relating to long-term conditions including diabetes, asthma, COPD, hypertension and atrial fibrillation.

  This compared to an average of 95% for the CCG and 96% nationally.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. There was a recall system in place for the national immunisation programme including telephone calls and follow-ups if appointments were missed.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 74%, which was not in line with the 80% coverage target for the national screening programme. However, this was above the national average of 72% but slightly below the CCG average of 75%.
- 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:

Inadequate

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice used the Gold Standard Framework (GSF) register to record patients with palliative care needs.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 18% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was significantly worse than the national average of 84%.
  56% of patients with dementia had the following recommended tests: FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels. The CCG average was 85% and the national average was 88%.
- 7% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was significantly worse than the national average of 90%. QOF scores on the day of the inspection were 4%.
- 15% of patients diagnosed with depression had their care reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis. This compared to the CCG average of 73% and the national average of 84%.
- The practice had not considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 38%; CCG 85%; national 91%). QOF scores on the day of the inspection had decreased to 18%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 89%; CCG 95%; national 95%).
- The practice told us they found it difficult to maintain review attendance levels with some of their patients experiencing poor mental health. They offered telephone advice if concerns were raised and emergency appointments should urgent help be required. Staff told us they contacted the patient or carer as a reminder for booked appointments to encourage patients to attend.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 65% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 12% compared with the CCG average of 11% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

In January 2017 the practice took on approximately 3700 additional patients when Pottergate Surgery closed. Staff told us this had impacted on QOF rates and they were trying to catch up. Current QOF rates at the time of the inspection (How I am driving) showed results were 63% of the total number of points available.

- There was limited evidence of quality improvement including clinical audit. We saw evidence of one cycle audits carried out to improve patient care including cervical screening practice, vasectomy failure of procedure rates and minor surgery procedures. However we could see no evidence of two cycle audit activity to drive improvements.
- One audit of osteoporosis carried out in 2016 identified at risk patients which resulted in treatment to improve patient outcomes. Previous osteoporosis audits had been carried out but the audits did not form part of a systematic approach to quality improvement.

Effective staffing

Inadequate

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, 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. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation but few clinical meetings. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.
- 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.
- The practice could demonstrate they held multidisciplinary case review meetings where all patients on the palliative care register were discussed.

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.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway was 60% which was above both the CCG average (54%) and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

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. We saw written consent was sought and stored in the patients' notes.
- 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.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- On the day of the inspection we observed the practice gave patients timely support and information.
- 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.
- Five of the nine patient Care Quality Commission comment cards we received were positive about the service experienced, while two were negative and two were mixed. Patients told us they had problems getting appointments when needed and appointment times were more suitable for people who did not work. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were not always treated with compassion, dignity and respect. 257 surveys were sent out and 118 were returned. This represented a completion rate of 46%. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG – 87%; national average – 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG – 96%; national average – 96%.
- 77% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 87%; national average – 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) – 94%; national average – 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG – 94%; national average – 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG – 98%; national average – 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG – 94%; national average – 91%.
- 75% of patients who responded said they found the receptionists at the practice helpful; CCG – 88%; national average – 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Staff told us they would be able to access services should these be required.
- Staff communicated with patients in a way that they could understand. For example, doctors and nurses used an easy read tool with facial expressions to communicate with patients with learning disabilities.
- 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 patients who were carers during the new patient registration process. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 patients as carers which was 1% of the practice population and it held a carers register. However, the register contained several carers under ten years old including children aged two, four and five. The practice acknowledged they needed to cleanse the data to ensure the carers identified had caring responsibilities.

Requires improvement

Are services caring?

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice produced a carers information pack to signpost carers to relevant support services and resources.
- Staff told us that if families had experienced bereavement, there was no formal process in place to ensure reviews were carried out.

Results from the national GP patient survey showed patients responses were below local and national averages to questions about their involvement in planning and making decisions about their care and treatment:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG – 83%; national average – 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG – 93%; national average – 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG – 90%; national average – 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Conversations taking place in consulting rooms could not be overheard.
- On the day of the inspection we found the practice complied with the Data Protection Act 1998.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice had not organised and delivered services to meet patients' needs. It had not taken account of patient needs and preferences.

- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care.
- The practice had failed to fully understand the needs of its population and services had not been tailored in response to those needs. For example appointments and access were predominantly offered within working hours, including the drop in clinic. The practice offered appointment times for morning surgery between 8:45am to 11:45am and afternoon surgery from 3:15pm to 5:30pm.The practice offered extended opening hours on one day per week between 6:30pm to 8:15pm and the drop in clinic ran four days per week, 9:15am to 11:35am and 3:15pm to 5:40pm. Other access options were available such as telephone appointments, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments .
- The practice improved some services where possible in response to unmet needs. For example the practice provided flu clinics at the weekend and offered level one minor surgery.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services by offering home visits.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Patients' health was not always monitored in a timely way to ensure medicines were being used safely and followed up on appropriately.
- Patients had a named GP in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition did not always receive an annual review to check their health and medicines needs were being appropriately met. The practice told us they were trying to put in place a system to review multiple conditions at one appointment to improve patient experience and steamline workload.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had employed a practice nurse with special interest in diabetes including high level diabetic requirement normally referred to secondary care.
- The practice provided a practice nurse home visiting service for housebound patients for chronic disease management.

Families, children and young people:

- We found 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. On the day of the inspection, records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- One of the healthcare assistants offered breastfeeding advice and support to new mothers.
- The practice offered a streamline 8 week and first immunisation and postnatal checks in a combined GP and practice nurse appointment.

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

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- Access to appointments for working age people was insufficient to meet demand. The majority of appointments and the drop in clinic times were within usual working hours which made it difficult for working age people to access services.
- The practice had adjusted some of the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were offered one day per week and flu clinics were available at the weekend.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia. However, not all patients with mental health needs were supported to receive care and treatment in a timely manner to ensure there was not a risk to life.

Timely access to the service

Patients told us they were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patient told us the appointment system was not easy to use.
- Patients with the most urgent needs usually had their care and treatment prioritised. We saw pathology results were generally reviewed and actioned quickly. However on the day of the inspection two pathology results emails had not been opened or reviewed; one of which had been flagged as abnormal. These were dated the day before and five days prior.
- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by observations on the day of inspection and completed comment cards. Comment cards varied from praise about the quality of care and staff competency to the difficulty getting an appointment and overall bad practice experience. For the GP patient survey, 257 surveys were sent out and 118 were returned. The return rate represented about 1% of the practice population.

- 68% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 80%.
- 35% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average – 71%.
- 54% of patients who responded said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment; CCG – 75%; national average – 76%.
- 57% of patients who responded said their last appointment was convenient; CCG – 83%; national average – 81%.
- 46% of patients who responded described their experience of making an appointment as good; CCG – 73%; national average – 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen; CCG – 63%; national average – 58%.

The practice were aware of the lower than average areas of the survey, particularly relating to phone access and the experience of making an appointment. They had recently added additional telephone lines to the surgery to double capacity. However, patients told us they still found it difficult to get through to the practice by telephone. Staff told us they knew the surgery needed to improve access to patients and they were trying to do this in different ways. For example, by offering nurse practitioner appointments, a drop in clinic, telephone appointments and by adding new telephone lines.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Friends and Family Test data for the period 30/01/2017 to 26/01/2018 showed that 78% of patients would recommend the practice with 17% who would not recommend. This compared to 89% nationally who would recommend with 6% who would not recommend.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately. Staff invited patients in to the practice to discuss their concerns in person with the complaints manager.
- The complaint policy and procedures were in line with recognised guidance. Twenty four complaints were received in the last year; this included complaints submitted through external websites. We reviewed five complaints and found they were satisfactorily handled in a timely way. The complaints manager replied to complaints within the policy timescale, addressed the issues raised and apologised when appropriate to do so.
- Although practice staff dealt with complaints and concerns thoughtfully, the practice missed opportunities to learn lessons from individual concerns and complaints. Complaints were not discussed at practice meetings or reviews undertaken to consider trends.

Are services well-led?

Inadequate

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

Our findings

We rated the practice as inadequate for providing a well-led service.

Leadership capacity and capability

Leaders did not demonstrate they had the capacity and skills to deliver high-quality, sustainable care.

- We found a lack of accountable leadership and governance relating to the overall management of the service. Leaders did not always show they had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Although the partners and practice management team were experienced in the delivery of care, there was a lack of co-ordinated strategy and approach in place to ensure effective clinical governance. For example, leadership and clinical governance needed to be strengthened to ensure the leadership team were assured about patient safety and around medicine reviews, significant events and safety alerts.
- Leaders at all levels were visible and approachable. However, leaders were not demonstrating effective leadership as we had concerns over the lack of clinical insight relating to areas including patient feedback. The PPG survey showed patients were dissatisfied with access and the GP partners had reacted in a limited capacity. There was evidence to show that governance was failing to listen and respond to the patient voice.

Vision and strategy

The practice website described the practice's purpose as wanting to to deliver the best possible healthcare to patients and constantly strive to find ways to improve the services offered.

- Practice staff told us patients come first and the practice vision related to expansion and being able to offer more to the population of Gainsborough as it was relatively isolated. The practice considered ways it may fill the gaps of services which had ended in the local area. Staff told us they wanted to offer extended opening hours until 8:00pm five days per week and then offer weekend appointments but there was no timescale for these developments.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet some of the needs of the practice population.
- It was unclear whether the practice monitored progress against delivery of the strategy.

Culture

The practice did not always demonstrate it had a culture of high-quality sustainable care.

- The practice told us they focused on the needs of patients but there had been an impact due to the additional patient numbers. Staff reported the last year had presented many challenges and they had worked together well as a team. Despite this, there were areas where performance was below local and national averages.
- Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Complaints were responded to in line with the practice policy, addressed the issues raised and apologised when appropriate. However, we found one incident which involved a medication error. Although the error was corrected, there was no evidence to show the provider contacted the patient to apologise.
- Staff we spoke with told us they felt respected, supported and valued. They were proud to work in the practice. Practice staff told us the culture of the organisation had changed positively over time and the leadership team were approachable and accessible.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff told us rotas were altered to enable staff to attend training courses and the practice provided support by funding some learning and development needs.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given limited

Are services well-led?

Inadequate

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

protected time for professional development and evaluation of their clinical work. Staff told us time spent on non- direct patient duties impacted on the time available for patients so this time was minimised.

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- On the day of the inspection we observed positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support a governance framework but not all the systems in place operated effectively.

- Patients' health was not always monitored in a timely way to ensure medicines were used safely and followed up on appropriately. On the day of the inspection, patients were identified for which the practice should have carried out actions. For example, patients with diabetes had not had their HbA1c levels checked regularly and women over 35 years on the contraceptive pill who smoked, had not been counselled.
- Although practice leaders had established proper policies, procedures and activities to ensure safety, these were not always followed. Practice leaders did not assure themselves that they were operating as intended. For example, significant events were not always recorded as such and the practice policy was not adhered to. Although an overview of the significant event was documented at clinical meetings, meeting minutes did not show evidence that learning was disseminated. There was no evidence to show significant event discussions were shared with relevant non-clinical staff who were absent from the clinical meetings. The last practice team meeting took place in April 2017 and meeting minutes did not reflect detailed discussions.
- There was limited evidence of quality improvement including clinical audit. Clinical meeting minutes did not document discussions about NICE guidance.
- There were structures, processes and systems to support a governance framework but they were not effective. However, the governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had limited processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- We saw reported significant events, incidents and complaints were logged in a yearly summary, to enable the practice to identify themes. However, there was no evidence to show incident or complaint information was used in this way to aid learning and improve patient outcomes.
- There was limited evidence to show that quality improvement which included clinical audit, was driving change within the practice or having a positive impact on the quality of care and outcomes for patients.
- The practice had continuity and recovery plans in place.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- Quality and operational information was not routinely used to ensure and improve performance. Performance information was combined with the views of patients. At this inspection we saw evidence that the practice had considered patient feedback after the PPG carried out their own patient survey in conjuction with the practice. However, the resulting practice action plan was brief, specific actions were unclear and most actions were noted as ongoing. For example the action plan referred to actions that were being monitored regularly but did

Are services well-led?

Inadequate

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

not describe how this would be captured, by who and by which date. This meant actions were not monitored sufficiently or followed up. In addition, a large quantity of free text data was collected from patients and the practice failed to use this aspect of patient feedback to make improvements.

- Quality and sustainability were not discussed in relevant meetings where all staff had sufficient access to information.
- The practice did not use performance information to inform reporting and monitoring. Management and staff were not held to account.
- Information was not used to monitor performance and improve the delivery of quality care. There were no plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. Flags were used as identifiers to highlight patient needs, for example, a carer.
- The practice submitted data or notifications to external organisations as required, for example Datix which was used to report incidents or risks.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support the delivery of services.

- Leaders failed to act upon patients' views even when the feedback and themes were clear. There was an active patient participation group (PPG) and during July and August 2017 the PPG carried out a survey to look at patient views. Patients were asked about the experience and ease of appointment booking, awareness of services offered and waiting times. Patient comments about the service showed patients appreciated the quality of care provided but were unhappy with the access to appointments and they had problems getting through by telephone. Detailed feedback was collected which acknowledged there were issues with telephone access, staff attitudes, the inability to access a female GP and appointment availability. The practice completed an action plan but actions identified were not clear and were described as ongoing. There was also a lack of clarity around how they would be achieved, by which timeframe and if they would be reviewed by the practice.
- A range of patients', staff and external partners' views and concerns were encouraged and listened to but not always acted upon to shape services and culture.
- We reviewed the practice data for NHS Friends and Family Test (FFT). For the period 30/01/2017 to 26/01/2018 the data showed that 78% of patients would recommend the practice with 17% who would not recommend and 5% who don't know.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was no focus on continuous learning and improvement at all levels within the practice.
- The practice did not make use of internal and external reviews of incidents and complaints. Learning was not shared at meetings or used to make improvements. Leaders missed opportunities to discuss incidents and complaints within the practice team and to use learning to improve services for patients.
- Staff knew about improvement methods such as audits and had the skills to use them. However, there was no evidence to show two cycle audits were carried out to drive quality improvements.
- There was no evidence to show leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. How the regulation was not being met. Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: • An effective system was not in place to monitor patients' health in a timely manner and ensure medicines being used were safe and followed up on appropriately. • Relevant information was not being shared with other agencies to ensure patients received safe care and treatment. Regulation 12(1)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met. The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • An effective system or process for disseminating evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines was not in place. • An effective system or process for logging and reviewing Medicines and Healthcare Products Regulatory Agency (MHRA) and patient safety alerts including all relevant alerts, was not in place. • An effective system or process for reviewing the pathology in-box and ensuring all results were reviewed daily was not in place. The registered person had systems or process in place that were not operating effectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

This section is primarily information for the provider

Enforcement actions

- An effective system or process for ensuring regular nurse and practice team meetings have taken place ensuring discussions were fully documented, was not in place.
- An effective system or process to ensure sufficient leadership capacity and clinical oversight in the practice so leaders were assured of effective governance, was not in place.

The registered person had systems or processes in place that were not operating effectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- An effective system or process for reflecting upon and acting upon patient satisfaction by improving overall access to appointments, considering alternative appointment times for working patients and ensuring patients were able to get through to the practice by telephone, was not in place.

Regulation 17(1)