Swineshead Medical Group

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	Good
Are services safe?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Swineshead Medical Group on 28 July 2015. Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe and well-led services.

We had previously inspected this practice in October 2014 when we found that the practice required improvement in providing safe and well led services.

Our key findings across the areas we inspected at this inspection were as follows:

- Staff had received training regarding the Mental Capacity Act and demonstrated a good knowledge of the key provisions affecting General Practice.
- The practice had a clear process to ensure clinicians professional registrations were checked on a regular basis.
- There was a clear meeting structure with multi-disciplinary, clinical , practice and partner meetings on regular basis.
- There was a process for the management of safety alerts such as those disseminated by the Medicines and Healthcare products Regulatory Agency
- The practice had a system in place to audit and evidence that all cleaning had been carried out on a regular basis. There were effective infection prevention and control procedures in place.
- The practice had systems in place to monitor and improve quality and identify risk
- The practice provided supervision and mentorship to the nurses to help ensure that care and treatment provided was safe and effective.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

Staff understood their responsibilities to raise concerns, and report incidents and near misses. When things went wrong, reviews and investigations lessons learnt were communicated to support improvement.

Risks to patients who used services were assessed and systems and processes to address these risks were implemented to ensure patients were kept safe.

The practice had good infection prevention and control systems to ensure that patients who use the services receive safe and effective care.

The practice had a system in place to audit and evidence that all cleaning had been carried out.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice held a range of meetings for staff which were well structured and held regularly.

The practice had a process in place for the management of risk, such as safety alerts disseminated by the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts are sent where

there are concerns over the quality of the medication or equipment. Whilst staff were aware of alerts it was a paper based process and had not yet been incorporated into the practice computer system.

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

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in both dementia care and end of life care. The practice was responsive to the needs of older people, including offering home visits and same day appointments.

People with long term conditions

Good

The practice is rated as good for people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice was responsive to patients with long term conditions. People with long term conditions such as diabetes, coronary heart disease (CHD) were supported with health checks and medication reviews annually or sooner if required. Some doctors and nurses had specific responsibilities and interests for particular long term conditions.

Families, children and young people

Good

The practice is rated as good for families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises was suitable for children and babies. We were provided with good examples of joint working with midwives, health visitors and school nurses. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

Working age people (including those recently retired and students)

Good

The practice is rated as good for working age people (including those recently retired and students).

Summary of findings

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

The practice carried out NHS Health Checks. An NHS Health check is for adults in England aged 40 to 74 years and without a pre-existing condition. The practice checked a patient's circulatory and vascular health in order to prevent
heart disease, stroke, diabetes, kidney
disease and dementia.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable.

The practice held a register of patients living vulnerable circumstances including homeless people, travellers and those with learning disabilities. The practice had offered annual health checks for people with learning disabilities.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for people
experiencing poor mental health (including people with dementia).

The GP worked with other services to review and share care as required with specialist teams.

The practice told us they us they referred patients to the Child and

Summary of findings

Adolescent Mental Health Services (CAMHS). CAMHS are specialist NHS services and offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

Summary of findings

What people who use the service say

We did not seek the views of patients and others using this service as part of this inspection.

Swineshead Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Swineshead Medical Group

Swineshead Medical Practice provides primary medical services to approximately 8,500 patients in a rural area of Lincolnshire. The catchment area covers Swineshead, Donington and Bicker. Its boundaries extend from the outer edges of Boston and as far as Gosberton, Pinchbeck and Heckington.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices and NHS England for delivering primary care services to local communities.)

The service is an accredited training practice for GP registrars (fully qualified doctors who wish to become general practitioners) and Foundation year two doctors. At the time of our inspection the service employed four GP partners (three male, one female), together with supporting nursing and dispensing and administrative staff.

The practices' services are commissioned by NHS Lincolnshire East Clinical Commissioning Group (CCG). The CCG has a high level of deprivation compared to other areas in Lincolnshire. Around 19% of the population within the CCG boundaries are living in what is classified as one of the 20% most deprived areas in England. The CCG area has higher prevalence rates for a variety of long term conditions including coronary heart disease and diabetes

Swineshead Medical Group is housed in a purpose built surgery. The building provides good access on ground floor level with automatic doors at the entrance, hand rails, accessible toilets and car parking facilities.

Swineshead Medical Group has a dispensary and dispenses medicines to 40% of its patients.

The practice is open from Monday to Friday 8.30am to 6.30pm. The practice offers an extend hours service with pre-booked appointments on from7.30am on a Thursday morning and until 7pm on a Tuesday evening. Swineshead Medical Group has opted out of providing out-of-hours services (OOH) to their own patients. This service is provided by Lincolnshire Community Health Services NHS Trust which is accessed by NHS 111

Why we carried out this inspection

We had previously carried out a comprehensive inspection of this practice on 6 October 2014. At that inspection we found that the practice needed to make improvements. We carried out this focused inspection to check if the improvements had been made.

How we carried out this inspection

At this inspection we looked at the two domains where the practice had been found to be requiring improvement in our previous inspection, namely;

Detailed findings

- Is it safe?
- Is it well-led?

We limited our inspection to those areas within those specific domains that we had identified as requiring improvement.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 28 July 2015. During our visit we spoke with a range of staff including GPs, nurses, dispensers and management and administration staff. We reviewed documents and other evidence provided to us by the practice.

Good

Are services safe?

Our findings

Staffing and Recruitment

The practice employed sufficient numbers of suitably qualified, skilled and experienced staff for the purposes of meeting people's needs. The practice had in place an automated system that highlighted when clinical staff and GP registrations were due for renewal with their relevant professional bodies, namely the Nursing and Midwifery Council and the General Medical Council.

Learning and improvement from safety incidents

National patient safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were disseminated to practice staff. (MHRA alerts are sent where there are concerns over the quality of the medication or equipment) These alerts were managed through the practice computer system, Intradoc, which had recently been introduced. At the time of our inspection the system had yet to be fully and robustly implemented and a paper based system was running alongside. We spoke with a member of the dispensary staff who demonstrated a very clear understanding and knowledge of recent alerts from the MHRA regarding drugs and in particular device alerts. They had received their information via the paper based system. Management assured us that as the computer system was embedded all staff would have access to alerts electronically.

Reliable safety systems and processes including safeguarding

We looked at the training records that showed that 16 members of staff had received training in the provisions of the Mental Capacity Act and the deprivation of liberty safeguards. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Five other members of staff had received documented reminders that they needed to complete the training.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Cleaning was carried out by an external contractor and we reviewed the records of cleaning undertaken since January 2015. Monthly audits of the cleaning process and effectiveness were completed and provided to us. Any matters that had been highlighted that required attention had been addressed.

Children's toys held in the waiting room were cleaned daily by a member of the reception staff and records of the cleaning were available for us to view.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. The policy was available to all staff via the practice computer system. This included a policy on needle stick injuries and spillages of body fluids.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Although this person was not available for us to talk to, other members of staff knew who the infection and prevention control lead was and understood they could approach them for guidance and advice. We saw evidence that 22 members of staff, both clinical and non-clinical had received infection prevention and control training in December 2014. Further on-line training was available.

An infection control audit had been completed in November and the practice had scored highly. Some issues that had been highlighted for improvement, for example the replacement of clinical hand washing sinks had been factored into the practice five year refurbishment plan. We viewed documents that confirmed that to be the case.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice had a health and safety policy.

Are services well-led?

Good

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

Our findings

Governance arrangements

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example infection prevention and control and cleaning of the practice.

The practice held regular staff meetings where governance issues were discussed. We looked at minutes

from these meetings and found that performance, quality and risks had been discussed.

Seeking and acting on feedback from patients, public and staff

We saw that the practice held a range of meetings including nurses team meetings, partners meetings and practice meetings for all staff. These meetings were well structured, held regularly and were well documented. For those staff unable to attend the meetings, minutes were held on the practice computer system where staff could access them. Records of the meetings showed that a range of subjects had been discussed including significant events, appointment availability, winter pressures, admissions avoidance, dispensing and complaints. Staff we spoke with confirmed that they were encouraged to express their views at such meetings.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. For example we saw that the advanced nurse practitioner, who was also a prescriber, attended the University of Lincoln annually for updates and further training as well as taking advantage of protected learning time events held locally. They received informal mentoring and clinical support from the senior GP partner.

Staff told us that the practice was supportive of training and we saw that staff had recently received training in dementia awareness as well as infection prevention and control and the Mental Capacity Act and deprivation of liberty safeguards.