Millview Medical Centre

Quality Report

1 Sleaford Road,
Heckington,
Sleaford,
Lincs.
NG34 9QP
Tel: **01529 460213**
Website: www.millviewmedicalcentre.co.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Millview Medical Centre on 7 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for all the population groups. It was good for providing an effective, caring and responsive service.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents.
- Risks to patients were assessed and well managed, with the exception of legionella checks.
- This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 99.8% of the total QOF target in 2014, which was 2.9% points above CCG Average and 6.3% above national average.
- 84% of people who responded to the July 2015 national patient survey said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was not readily available.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity.
- The practice had sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.

Summary of findings

- Ensure that a legionella risk assessment is carried out. Put a policy in place to provide guidance for staff and carry out regular water checks to reduce the risk of legionella.
- Ensure there is a robust system to record and manage complaints. Identify themes and trends and ensure lessons are learnt.

In addition the provider should:

- Ensure policies and procedures are reviewed and identify the responsible person.
- Ensure basic life support training is carried out by a competent person
- Have a system in place to ensure audit cycles have been completed.
- Ensure the business continuity plan has risks and mitigating actions.
- Ensure nursing staff who undertake a formal chaperone role have training in order to develop the competencies required for the role.
- Ensure Standard operating procedures for the dispensary include the competence level required of the dispensing staff.
- Have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt
- Have a robust system in place to track prescription pads.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Most risks to patients were assessed and well managed. The practice did not have a system in place to for legionella to prevent the risk of infection. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff told us they had received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice lower than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good

Summary of findings

facilities and was well equipped to treat patients and meet their needs. Information about how to complain was not readily available and evidence showed that the practice did not always respond quickly to issues raised. We did not see any evidence that learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. There were systems in place to monitor and improve quality and identify risk but we could not see where these were discussed in meetings. The practice did not have a robust system for the management of complaints. The practice had a system for significant events, incidents and near misses however, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. It was rated as good for effective, caring and responsive services. The provider was rated as requires improvement for providing safe care and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in 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 dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. It was rated as good for effective, caring and responsive services. The provider was rated as requires improvement for providing safe care and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. It was rated as good for effective, caring and responsive services.The provider was rated as requires improvement for providing safe care and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all

Summary of findings

standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement 

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). It was rated as good for effective, caring and responsive services. The provider was rated as requires improvement for providing safe care and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. It was rated as good for effective, caring and responsive services. The provider was rated as requires improvement for providing safe care and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.The practice had 24 patients on the learning disability register and 100% had care plans in place It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). It was rated as good for effective, caring and responsive services. The provider was rated as requires improvement for providing safe care and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia. They carried out opportunistic dementia screening with the quick six item cognitive impairment test. Referral to a memory clinic would be made if appropriate.

100% of patients on the mental health register had received a mental health review and 90% on the dementia register had received a dementia review.

The practice had a GP with a special interest (GPwSI) in drug and alcohol misuse. The practice had one doctor with specialist training in substance misuse and worked with a tertiary service to provide care for this group of patients. The patients were under the shared care substance misuse scheme. This enabled them to obtain all their medical services from one location. The practice had three patients on a register for drug problems and all had received an annual review. Monthly meetings took place and all patients currently registered for this scheme were regularly discussed.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. MIND is a mental health charity in England and Wales. MIND offers information and advice to people with mental health problems.

Summary of findings

What people who use the service say

During the inspection we spoke with six patients. Patients told us that urgent appointments were available on the day but routine appointments could take two weeks. Patients felt the practice had improved but appointments remained their main concern. Most staff were helpful and caring. They were happy with the treatment and explanations and were treated with respect. They were not happy about not being able to see the same GP and had issues with parking at the surgery.

We also reviewed 21 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received.

12 comments cards were positive and patients felt they were treated with kindness, respect and compassion. All GP's and staff were helpful, good at listening and were courteous and efficient. Nine were less positive. The main concerns were not being able to get a routine appointment, not seeing the same GP and the attitude of some reception staff.

Patients said the practice was clean and hygienic. They said the waiting room was a decent size but could become hot when full. They told us that they received the right care and treatment and felt listened to. Staff respected their dignity.

We spoke with three members of the patient participation group (PPG). The PPG met every quarter and were involved in the patient surveys carried out by the practice. They told us the results and actions were discussed at their meetings. The PPG annual report was displayed on the practice website. The PPG were enthusiastic about improving and working with the practice to improve services now and in the future.

In the July 2015 national patient survey, 260 survey forms were sent out. There was a 47% completion rate. 73% of patients who responded described the overall experience as good. 94% of people who responded had confidence or trust in the last GP they spoke with. 98% of respondents had confidence or trust in the last nurse they spoke with. 70% of respondents said the GP involved them in decisions about care with 86% who responded said the nurse involved them in decisions about their care..

The practice had commenced the Family and Friends testing (FFT). We saw information was available on the practice website. In March 2015 88.4% would most likely or were like to recommend the practice to family and friends. FFT will enable patients to provide feedback on the care and treatment provided by the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Ensure that a legionella risk assessment is carried out. Put a policy in place to provide guidance for staff.
- Ensure there is a robust system to record and manage complaints

Action the service SHOULD take to improve

- Ensure policies and procedures are reviewed and identify the responsible person.
- Ensure basic life support training is carried out by a competent person
- Have a system in place to ensure audit cycles have been completed.
- Ensure the business continuity plan has risks and mitigating actions
- Ensure nursing staff who undertake a formal chaperone role have training in order to develop the competencies required for the role.
- Ensure Standard operating procedures for the dispensary include the competence level required of the dispensing staff.
- Have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt

Summary of findings

- Have a robust system in place to track prescription pads.

Millview Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, two further CQC Inspectors and a GP practice manager specialist advisor.

Background to Millview Medical Centre

Millview Medical Centre provides primary medical services to approximately 9092 patients. The practice has a dispensary which dispenses medicines to patients registered with the practice.

At the time of our inspection the practice employed three GP partners (two male, one female), one locum GP (female), one practice manager, two nurse practitioners, three practice nurses, two health care assistants, one dispensary manager, two dispensers, reception and administration staff.

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

The practice has one location registered with the Care Quality Commission (CQC) which is Millview Medical Centre, 1 Sleaford Road, Heckington, Sleaford, Lincolnshire, NG34 9QP. They have a branch location at 29 Handley Street, Sleaford, Lincolnshire, NG34 7TQ.

Millview Medical Centre at Heckington is open 8am to 6.30pm Monday, Thursday and Friday. Tuesday and Wednesday 8am to 6pm. Patients can book appointments for the Heckington practice by phone, online or in person. Appointment reminders are sent by SMS text. Routine appointments are available from 8.30am to 11.30 am and 3pm to 5.40 pm.

The Nurse Practitioners provide a daily open surgery for sudden onset conditions within the last 48 hours.

Appointments are available from 8.30am to 11.30am and these can be booked after 8am on the day. Afternoon appointments are available from 2.30pm to 5.30pm and can be booked after 12 midday.

Appointments are available on line for GPs and could be booked up to three weeks in advance.

Extended hours are available on Monday evenings between 6.30pm and 8pm. If a GP is on holiday extended hours appointments are nurse practitioner appointments. These appointments were particularly useful to patients with work commitments.

The dispensary at Heckington is open between 8.30am and 1pm and 2pm to 5,30pm Monday to Friday.

The Sleaford surgery is open 8am to 6pm Monday and Friday. Tuesday and Wednesday 8am to 6.30pm. Thursday 8am to 1pm. Patients can have an appointment at either Heckington or the branch surgery in Sleaford.

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

Detailed findings

NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG) is responsible for improving the health of and the commissioning of health services for 128,000 people registered with 19 GP member practices and the surrounding villages.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated by changing the language options. This enabled patients from eastern Europe to read the information provided by the practice.

We inspected the following locations where regulated activities are provided:-

Millview Medical Centre, 1 Sleaford Road, Heckington, Sleaford, Lincolnshire, NG34 9QP. We also inspected the branch surgery- Millview Medical Centre, 29 Handley Street, Sleaford, Lincolnshire, NG34 7TQ.

Millview Medical Centre had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 7 July 2015.

We asked the practice to put out a box and comment cards in reception to enable patients and members of the public could share their views and experiences.

During the inspection we spoke with six patients. We reviewed 21 completed comment cards where patients had shared their views and experiences of the service.

During our inspection we spoke with three members of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

Detailed findings

On the day of the inspection we spoke with the GP partners, locum GP, practice manager, one nurse practitioner, two nurses, one health care assistant, dispensary manager, one dispenser and members of the reception and administration team.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and incident reports. We found one incident which had not been recorded as a significant event. The incident was in regard to advice given to a patient with chest pain. We found that practice staff had not followed the call handling protocol. We spoke with the practice manager who told us that staff had been instructed to call 999 in the event of this type of emergency. We looked at meeting minutes and did not see any evidence that safety records, significant events or incident reports had been discussed. We therefore could not be assured that the practice had managed these consistently overtime or were able to show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of seven significant events that had occurred during the last 12 months. Significant events were a standing item on the practice meeting agenda. The minutes of meetings we reviewed did not have any information with regard to any significant events discussed. We did not see any evidence that a dedicated meeting was held to review actions from past significant events and complaints.

There was some evidence that the practice had learned from these significant events. However we could not find any evidence that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue and they felt encouraged to do so.

The practice had a system for recording 'near miss' incidents within the dispensary. We found that this system was not robust. There was no evidence to demonstrate that lessons were learnt and minimal actions were identified. Conversations which took place with staff were not documented. We looked at minutes of practice meetings and found that the findings were not shared with management or staff within the practice. We looked at the standard operating procedure for dispensing errors. It was not robust and did not give staff enough information on how to act, for example, to complete a significant event form. We spoke with the management team who told us that 'near misses' were discussed but that they did not keep records of discussions held. Therefore we could not be assured that patients were safe. A 'near miss' is an unplanned event that did not result in injury, illness or damage but had the potential to do so.

National patient safety alerts were received by the GP partners and sent to the dispensary manager and practice manager to action. The dispensary manager liaised with a GP partner and actions were taken where appropriate. We were told that the alerts were discussed at clinical meetings. Not all staff we spoke with were able to give us examples of recent alerts or when they were last discussed at a clinical meeting.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who the lead was and who to speak to within the practice if they had a safeguarding concern. The practice had a system in place where staff could use the electronic patient record system to report a concern. This was sent as an urgent task and was reviewed by the GP's, assessed and action taken where appropriate.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to

make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy, which was on the practice computer system. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).

We were told by the practice manager that chaperone training was carried out for all staff who acted as a chaperone except for the nursing staff. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

The practice had a system in place to check that all staff had received Disclosure and Barring Service (DBS) checks. (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). When the staff had an appraisal they were required to sign a disclosure/ disclaimer form to say that there had been no changes to their DBS status.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services. Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed appointments frequently. These were brought to the GPs attention, who then worked with other health and social care professionals.

Medicines management

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed. However we found that the written procedures did not indicate the level of competency expected for each function performed by dispensers.

The dispensary accepted back unwanted medicines from patients. NHS England's Area Team made arrangements for a waste contractor to collect the medicines from the dispensary at regular intervals. We found that the dispensary had secure containers to keep the unwanted medicines in but there was no records kept of the medicines received by the practice.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

We checked the medicine refrigerator in the dispensary and found medicines were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. We found on the day of the inspection that there was a problem with the temperature within the dispensary. The practice policy identified that the dispensary temperature should be kept below 24 degrees. The practice had obtained air conditioning units and the dispensary manager had monitored the room temperature but found it difficult to keep the temperature below 24 degrees.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Requires improvement

Are services safe?

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of the directions and evidence that the nurses had received appropriate training to administer vaccines.

Blank prescription pads were not handled in accordance with national guidance. They were kept securely but the practice did not have a system to ensure they were tracked through the practice. We spoke with the management team on the day of inspection who advised us they would put a process in place to ensure they adhered to national guidance.

Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. If prescriptions were not signed before they were dispensed staff told us they would be returned to the GP for signature.

Cleanliness and infection control

We observed the premises to be generally clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. The cleaning specification identified daily, weekly and monthly tasks. There was a standard operation procedure (SOP) in place relating to the theatre where minor surgery was undertaken at the main surgery. There was also a theatre cleaning checklist. The SOP stated that floor seams were to be steam cleaned once a month but this was not included in the cleaning checklist. The SOP also stated that the theatre would be cleaned pre operatively. Cleaning records we saw showed that this was often a number of days before operations were carried out. For example the theatre was used on 7 July 2015 but was cleaned on 1 July 2015 despite the cleaner having been in the practice on 6 July 2015.

Patients we spoke with told us they found the practice clean and had no concerns about cleanliness. The infection control lead told us they conducted spot checks of the cleaning and any issues were communicated to the cleaners. The lead told us they intended to start documenting these spot checks.

We looked at the areas where cleaning materials and chemicals were stored in the practice and saw that they were stored securely. There was a control of substances hazardous to health (COSHH) policy available and some information relating to cleaning products was available to ensure their safe use.

The lead nurse was also the lead for infection control. They had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Staff had received induction training about infection control specific to their role and received regular updates. We saw evidence that infection control audits had been carried out at both surgeries in June 2015 and prior to that every six months. These had resulted in actions being identified and the lead for infection control had compiled action plans and risk assessments in line with this to address the issues. However the audits did not specifically cover the theatre room at the main surgery or a separate form completed for each room as identified as a requirement in the infection control inspection checklist used by the practice'

An infection control policy and supporting procedures were available for staff to refer to, which gave guidance as to how to plan and implement measures to control infection. For example, blood spillage kits were available in different areas of the practice and staff were able to describe how they would use this in line with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had arrangements in place for the safe disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We were told by the practice manager that the practice did not carry out regular water checks to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with at both the main surgery and the branch told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and

other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting staff. The requirement of photographic identification was not included in the policy. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

The practice used a long term locum GP. There was a robust system in place to ensure that necessary checks had been undertaken prior to them working at the practice, for example whether they had completed mandatory training such as in basic life support or safeguarding children.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

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 also had a health and safety policy.

Identified risks were included on a risk register. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. We saw examples of risk assessments which included pathway slips, trips and falls and dispensary lighting. The meeting minutes we reviewed did not show risks were discussed at GP partners' meetings and within team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that most staff had received training in basic life support. However we found that the practice had undertaken its own basic life support training but the trainer's own certificate was not up to date. We spoke with the management team on the day of the inspection in regard to this training. They told us they would ensure that the trainer undertook refresher training as soon as possible.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). The staff members we asked were aware of where this equipment was kept at both surgeries. Records confirmed that it was checked regularly. At both surgeries we found that only adult defibrillator pads were available. We spoke with the management team and have received confirmation that the practice now have paediatric defibrillator pads at both Heckington and the branch surgery. We noted that there were a selection of airways available but they were loose not in single use sterile bags.

We spoke to the practice manager about information seen with regard to a medical emergency concerning a patient where they had not completed a significant event analysis. We could not be assured that practice had done an analysis and learned from this appropriately.

Emergency medicines were available and staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. All the medicines we checked were in date and fit for use.

A disaster handling and business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included loss of main premises, loss of computer and

Requires improvement

Are services safe?

telephone systems and incapacity of GPs. However we found that the risks identified had not been rated and mitigating actions recorded to reduce and manage the risk. The document contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in 2014.

The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training. The practice had not had a fire drill since July 2014.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We discussed with two GP's how NICE guidance was received into the practice. The practice had a GP lead who researched new NICE guidelines and presented them at the practice clinical meetings. We saw minutes of clinical meetings available on the practice computer system which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. For example, guidelines on Atrial Fibrillation, which is an irregular heart beat. Discussion of this guideline initiated an audit. We spoke with the lead GP who described the most recent update to a guideline related to cancer. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines. NICE guidance could be accessed by all staff from the practice computer system.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as orthopaedics, gynaecology and substance misuse. The practice nurses take the lead for diabetes, asthma, COPD and hypertension and were supported by the GP partners. The practice nurses had protected time each day to discuss patients with the GP's. They were also able to send task messages to the GP if advice was required during an appointment. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, for the management of gynaecological problems. Our review of the clinical meeting minutes confirmed that this happened.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice showed us clinical audits that had been undertaken over the last four years to monitor performance and improve patient outcomes. Only one of these were completed audits where the practice was able to demonstrate the changes which had resulted since the initial audit.

Two audits undertaken by the practice were carried out following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) regarding a medicine used for type two diabetes. The aim of the audit was to ensure that all patients prescribed this medicine were not put at risk of serious drug interactions. The audit demonstrated that 33 patients were identified as taking this medicine. Seven had already been commenced on an alternative medicine and 26 patients were in the process of being called for a medication review.

A second audit carried out following an alert from MHRA in relation to a medicine used to reduce a patients cholesterol level. This audit demonstrated that 126 patients were identified as taking this medicine. 125 patients had been commenced on an alternative medicine and one patient had their medicine stopped completely.

The practice carried out audits which made reference to NICE guidance and positive patient outcomes. For example, an audit of the investigations done at time of new diagnosis of Hypertension (high blood pressure). The

Good

Are services effective?

(for example, treatment is effective)

practice found that there were inconsistencies in the tests carried out. In order to comply more robustly with the guidance the surgery procured an ECG machine and provided the health care assistant with training. A new protocol for hypertension had been produced alongside a template on the patient electronic record for staff to complete.

In 2012 one of the GP partners initiated the use of GRASP – an AF Risk stratification tool to increase detection rates of Atrial Fibrillation (an irregular heart beat which can cause strokes and TIA's).

The use of this tool supported the practice to increase its AF prevalence rate from 0.1% below the national average to 0.3% above. This then enhanced patient care by identifying high risk patients not on any anticoagulation therapy (blood thinning drugs to prevent blood clots and strokes) who should perhaps have been on the medication .This in turn formed the basis of an audit. In May 2015 an external organisation in conjunction with the practice carried out a Stroke and Atrial fibrillation audit. This aimed to provide advice to the practice on appropriate anti co-agulation therapy in line with national guidelines. (AF is an irregular heart beat) Recommendations have been made and at the time of the inspection the practice had not made a decision on when they would carry out a further audit to ensure the recommendations had been carried out and had improved patient outcomes.

Following an audit in May 2015 which looked at NHS health checks it was noted by the Clinical Commissioning Group (CCG) that the practice had a good uptake rate despite no letters of invitation being sent out. The surgery had decided to ask people opportunistically as there is an effective icon on the patient record system which highlights when a patient is due for a health check. The audit by the CCG also noted that the surgery were not coding the records correctly despite the surgery asking the correct questions about a patients level of physical exercise . The surgery reflected on this and altered the template to include this for future patients.

Other examples included audits to confirm that the GPs who undertook minor surgical procedures, contraceptive implants and the insertion of intrauterine contraceptive devices were doing so in line with their registration and National Institute for Health and Care Excellence guidance. Completed clinical audit cycles had been carried out for minor surgery for the past three years. These involved looking at infection rates and the histological diagnosis if a biopsy is indicated. The surgery had performed 425 operations. In 2012 patients were sent a questionnaire and asked if they had experienced any problems with infections after the operation. The practice had a return rate of 71%. Infection was assumed if antibiotics were prescribed in the post-operative period. An infection rate of 2.6 % was found which was in line with the national standard of 2.8%. A re-audit in 2013 where 327 patients were sent a questionnaire and had a return rate of 67.9%. The infection rate was 1.5% which was still within the national standard.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit regarding the prescribing of analgesics and non steroidal anti-inflammatory drugs. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice to ensure it aligned with national guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes and shared this with all prescribers in the practice. The practice recently received information from NHS England with regard to a medicine that was used to treat neuropathic pain (pain from damaged nerves. The practice carried out a medication review on six patients. All six had their medication changed to an alternative medicine.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 99.8% of the total QOF target in 2014, which was 2.9% points above CCG Average and 6.3% above national average

For example:

- The performance for diabetes related indicators was 98.8% which was 5.4% better than the CCG and 8.7% better than the national average.
- The performance for asthma related indicators was 100% which was 1.8% points above CCG average and 2.8% above the national average

Good

Are services effective?

(for example, treatment is effective)

- The performance for patients with hypertension was 100% which was 0.9% better than the CCG average and 11.6% better than the national average.
- The performance for patients with COPD was 100% and 3.6% better than the CCG average and 4.8% better than the national average.
- The dementia diagnosis rate was 100% and. was 5.9% above CCG average, and 6.6 % above national average.

The team was making use of QOF registers, clinical audit tools and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved.

For example,

- 89 people on the Dementia register and 32.5% had comprehensive and reviewed care plans in place.
- 24 patients on the learning disability register and 100% had care plans in place.
- The practice had carried out 20% of the NHS health checks in its first year of the NHS five year programme .The practice plan was to complete 20% for each year for five years.
- Cervical screening had been carried out on 78.7% of 2058 eligible patients. All female patients on the Mental Health Register had a record of cervical screening.

The practice's prescribing rates were also similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. The practice had a 'pink slip' system for repeat prescribing. The GP would complete a 'pink slip' to ensure that an appointment is booked before any further medicines are prescribed and given. Patients who required a medication review would not get a further prescription until they have been seen by a GP. Staff also checked all routine health checks were completed for long-term conditions such as rheumatoid arthritis and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice had made use of the gold standards framework for end of life care. It had 24 patients on a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. The computer system used by the practice enabled members of the multi-disciplinary team, for example, district nurse or Macmillan nurses, to communicate in between meetings. We saw evidence of Do not attempt resuscitation (DNAR) forms in the patient records , special patient notes, end of life (EOL) care plans in place with preferred wishes and anticipatory drugs. The out-of-hours service were also able to access the patient records.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups, for example, patients with dementia and learning disabilities.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. For example in March 2015 for the prescribing of hypnotics the practice rate was 0.14% which was below the CCG average of 0.21% and national average of 0.26%.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that most staff were up to date with attending mandatory courses such as annual basic life support.

We noted a good skill mix among the doctors in areas such as Orthopaedics, Gynaecology and substance misuse. All the GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. We were told and we saw that the practice had recently signed up to online training. However the practice could not evidence that gaps in staff training had been

Good

Are services effective?

(for example, treatment is effective)

completed. However our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example a new nurse at the practice was being supported to complete a nursing diploma.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles such as seeing patients with long-term conditions, for example, asthma, COPD and diabetes were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Out-of hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. We found four instances where it appeared on the patient electronic computer system that actions had not been followed up. We spoke with a GP partner who looked at all four instances and found that they had been followed up by a different member of staff. This did not assure us the practice had a robust system in place.

Emergency hospital admission rates for the practice were relatively low at 11.93 % compared to the national average of 14.4%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). They had a GP lead for unplanned admissions and had 167 patients on a register. The GP checked hospital discharge summaries daily and had two slots designated every day for telephone calls to follow up, address the needs of those patients on the register in a timely fashion before 72 hours of discharge. Data from the CCG for February 2015 showed that Millview Medical Centre had an emergency admission rate in the previous 12 months that was statistically similar to that of the South West Lincolnshire CCG and an A&E attendance rate that was statistically significantly lower than the CCG rate. We were told that all patients on this register were discussed every three months at clinical meetings or earlier if needed. In the minutes we looked at we did not see any evidence that this took place.

The practice held multidisciplinary team meetings to discuss patients with complex needs. For example, those with multiple long term conditions, mental health problems, people from vulnerable groups, those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. We looked at minutes for 2014 and saw that meetings had been held every three to four months. We did not see any minutes for 2015. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

For patients who had home visits there was a policy of providing a printed copy of a summary record for the GP or nurse practitioner to take with them. The practice had signed up to the electronic Summary Care Record and this was fully operational.(Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we

Good

Are services effective?

(for example, treatment is effective)

spoke with understood the key parts of the legislation and were able to describe how they implemented it. The policy also highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. In addition, the practice obtained written consent for significant minor procedures and all staff were clear about when to obtain written consent. The consent policy had not been reviewed since 2013. We were shown an audit that confirmed the consent process for minor surgery had been followed in 100% of cases.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years.

The practice also offered NHS Health Checks to all its patients aged 40 to 74 years. The surgery had decided to ask people opportunistically as there was an effective icon on the patient record system which highlighted when a patient was due for a health check. Practice data showed that 73% of patients in this age group took up the offer of the health check. We were shown the process for following up patients if they had risk factors for disease identified at the health check and how further investigations were scheduled.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help.

For example,

- 77.7% of eligible patients had received an influenza vaccination.
- 100% of patients on the mental health register had received a mental health review and 90% on the dementia register had received a dementia review.
- 100% of patients who suffered with depression had received a review.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, opportunistic dementia screening with the quick six item cognitive impairment test. The practice would refer to a memory clinic, as per national guidance if appropriate.

Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice's performance for the cervical screening programme was 83.4%, which was above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 63.4% and at risk groups 77.2%. These were above the national averages.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 86.67% to 100% and five year olds was 100%. These were comparable to CCG averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey and a survey of 73 patients undertaken by the practice's patient participation group (PPG. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from the July 2015 national patient survey showed mixed responses from patients on how they were treated.

- 65% of people who responded would recommend this surgery to someone new in the area compared to the CCG average of 76% and national average of 78%.
- 73% of people who responded described their overall experience as good compared to the CCG average of 83% and national average of 85%.

The practice had mixed responses for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% of people who responded said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% of people who responded said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 73% of people who responded said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 84% of people who responded said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 94% of people who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 98% of people who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 21 completed comments cards and the majority were positive about the service experienced. They said the quality of care was good. Staff were caring and they were treated with dignity and respect. GPs and nurses were extremely caring and efficient. Negative comments were around being able to see the same GP and the attitude of some reception staff.

We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

At the Heckington practice we saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The reception desk was set back from waiting area and main door which helped keep patients information private where possible. On the day of the inspection we observed receptionists speaking to patients without being overheard. Additionally, 81% of people who responded to the July 2015 national patient survey said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%. At the branch surgery in Sleaford we saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

We were told that information about zero tolerance for abusive behaviour was displayed on the two TV monitors within the waiting room. Receptionists told us that they would ask the practice manager to diffuse potentially difficult situations. At the branch surgery in Sleaford there was a clearly visible poster in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Good

Are services caring?

Care planning and involvement in decisions about care and treatment

The July 2015 national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 78% of people who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 88% of people who responded said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 70% of people who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 86% of people who responded said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The July 2015 national patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and generally rated it well in this area. For example:

- 78% of people who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 89% of people who responded said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice website provided information for carers to ensure they understood the various avenues of support available to them. The practice had 106 patients registered as a carer on the day of the inspection.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example a new telephone system had been introduced in May 2015.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients who needed them.

The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.

The practice as Heckington was in a ground floor building. It did not have wide corridors or doors to consulting rooms. Members of staff told us it was difficult if a patient attended in a wheelchair. We were told by the management team that an extension to the building was in the planning stage but when approved would make the practice easier for patients with reduced mobility and support them to maintain their independence. The branch surgery at Sleaford was situated in a building with all patient services on ground floor level. The practice had provided turning circles in the wide corridors for patients with mobility scooters. This made movement around the practice easier and helped to maintain patients' independence. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

Millview Medical Centre at Heckington is open 8am to 6.30pm Monday, Thursday and Friday. Tuesday and Wednesday 8am to 6pm. Patients can book appointments for the Heckington practice by phone, online or in person. Appointment reminders are sent by SMS text.

Routine appointments were available from 8.30am to 11.30am and 3pm to 5.40 pm.

The Nurse Practitioners provide a daily open surgery for sudden onset conditions within the last 48 hours. Appointments were available from 8.30am to 11.30am and these can be booked after 8am on the day. Afternoon appointments are available from 2.30pm to 5.30pm and can be booked after 12 midday.

Appointments on line for GPs could be booked up to three weeks in advance.

Extended hours are available on Monday evenings between 6.30pm and 8pm. If a GP is on holiday extended hours appointments are nurse practitioner appointments. These appointments were particularly useful to patients with work commitments.

The dispensary at Heckington was open between 8.30am and 1pm and 2pm to 5.30pm Monday to Friday.

The Sleaford surgery was open 8am to 6pm Monday and Friday. Tuesday and Wednesday 8am to 6.30pm. Thursday 8am to 1pm. Patients can have an appointment at either Heckington or the branch surgery in Sleaford.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health, patients

Good

Are services responsive to people's needs?

(for example, to feedback?)

with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to those patients who needed one.

The July 2015 national GP patient survey information we reviewed showed mixed results to questions about access to appointments and generally rated the practice well in these areas. For example:

- 65% of people who responded would recommend this surgery to someone new in the area compared to the CCG average of 76% and national average of 78%.
- 56% of people who responded were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 66% of people who responded described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 92% of people who responded said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 75% of people who responded said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 55% of people who responded said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.

Patients we spoke with were satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. . They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking two weeks in advance.

Comments cards we reviewed had mixed responses in regard to appointments. They showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. However the main concerns were not being able to get a routine appointment and not being able to see the same GP

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

At the Heckington practice we could not see any information available, for example, leaflets or a poster to help patients understand the complaints system. Staff we spoke with were not able to describe the complaints process. However at the branch surgery in Sleaford there was information available to inform patients on the complaints procedure. Staff we spoke with at the branch surgery were able to describe the complaints process and told us that complaints were discussed at practice meetings.

We looked at the complaints policy on the practice intranet. It had not been reviewed since May 2013. The policy stated that an acknowledgement of the complaint would be sent within three days. The policy described how an investigation would be carried out and full response will be made. We looked at nine complaints received in the last 12 months and found that overall there was a lack of investigation and learning from complaints. For example, a complaint received in 2015 re treatment and care provided by the practice. The response was sent a month later but did not address the concerns raised. There was no learning identified. We spoke with a GP partner in regard to this complaint who acknowledged that the response letter was harsh and that the complaint should have been handled as a significant event.

We spoke with the GP partner about another complaint received in 2015. He acknowledged that although the practice had met with the family and actions had been taken. There was no documentation which identified the investigation, actions, learning and other agencies contacted.

None of the complaints we looked at had been initially responded to within the timescales identified in the practice policy.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice policy stated that an annual review of complaint would be undertaken along with learning issues or changes to procedures. On the day of the inspection we did not see any evidence that complaints had been reviewed annually to detect themes or trends.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values included in their statement of purpose. The practice stated that there purpose was to ensure the practice provided a high quality, safe and effective service and environment at all times. Their vision was to continue to provide good care, build a larger operating theatre in order to carry out more surgical procedures. The practice had plans in place to have an extension built to update and extend the practice and provide better facilities for both patients and staff.

All the staff we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these and had been involved in developing them.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a number of these policies and procedures but did not see a cover sheet to confirm that they had read the policy and when. All the policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP partner was the lead for safeguarding. Staff we spoke with told us they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

A GP and the practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards.

We saw that QOF data was a regular agenda item on the senior partner weekly meeting but we did not see evidence of what had been discussed or any action plans produced to maintain or improve outcomes.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example, following alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). However we only saw evidence of one completed audit cycle.

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. However they had not carried out a risk assessment for legionella to reduce the risk of infection to staff and patients.

We did not see any evidence that the practice monitored risks on a monthly basis to identify any areas that needed addressing.

The practice did not have a robust system for the management of complaints.

The practice had a system for significant events, incidents and near misses however, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support

We were told that the practice held practice meetings every three months where governance issues were discussed. We looked at minutes from these meetings but found that performance, quality and risks had not been discussed at each meeting.

The practice manager was responsible for human resource policies and procedures. We were shown the employee staff handbook that was available to all staff, which included sections on equal opportunities, dignity at work, personal harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

The practice had a whistleblowing policy which was also available to all staff on any computer within the practice.

Leadership, openness and transparency

The partners in the practice were available in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Are services well-led?

Requires improvement

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

We saw from minutes that team meetings were held every three months. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Most staff said they felt respected, valued and supported by the practice.

Seeking and acting on feedback from patients, public and staff

The practice gathered feedback from patients through patient surveys, comment cards, complaints received and the NHS Friends and Family Test This asks patients if they would recommend the practice they have used and provides a mechanism to highlight both good and poor patient experience.

The practice had an active patient participation group (PPG). We met with three members of the PPG and they told us the PPG was fairly representative of the practice population. They told us they had found it difficult to gain representation from the younger age group despite approaching schools to attempt to rectify this. The PPG met every quarter and were involved in the patient surveys carried out by the practice. They told us the results and actions were discussed at their meetings. The PPG annual report was displayed on the practice website. The PPG also produced a newsletter four times per year which was available in the practice or on the website. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We did not see any evidence that the practice had reviewed its' results from the January 2015 national GP survey to see if there were any areas that needed addressing.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussions). Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at eight staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had completed reviews of significant events but we did not see any evidence of regular sharing of significant events or complaints with the full practice team.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and Treatment must be provided in a safe way for service users. We found that the registered person was not providing care and treatment in a safe way as they were not assessing the risks to the health and safety of service users of receiving the care and treatment. The registered person did not do all that was reasonably practicable to mitigate any such risks when identified. This was in breach of Regulation 12 (1), (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person did not have an effective system in place to receive, record, handle and respond to complaints by patients. This was in breach of 16 (2) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).