

# Washingborough Surgery

## Quality Report

The Surgery  
School Lane  
Washingborough  
Lincoln  
LN4 1BN

Tel: 0844 499 4355

Date of inspection visit: 21 July 2016

Website: [www.washingboroughsurgery.gpsurgery.net](http://www.washingboroughsurgery.gpsurgery.net) Date of publication: 04/01/2017

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Washingborough Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Washingborough Surgery on 21 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place which included risk assessments in relation to the dispensaries.
- The practice had reviewed its processes for ensuring codes in use for vulnerable patients and those with either a safeguarding concern or suffered with a learning disability within the patient care record were

continually reviewed and updated. The practice had worked closely with the local CCG to help to improve codes used to ensure other local practices were using the correct codes.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Performance for diabetes related indicators was 91% which was better than the national average of 89%. (Overall exception reporting rate was 6% which was better than the local average of 11%).
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The practice arranged an annual social event for elderly patients held in the village of Washingborough which had been held for the past three years. All monies raised through this event were donated to a chosen charity.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure actions are taken to ensure the safe storage of Lloyd George patient records.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Patients identified as at risk of abuse were discussed and reviewed during regular multi-disciplinary meetings.
- The practice had reviewed its processes for ensuring codes in use for vulnerable patients and those with either a safeguarding concern or suffered with a learning disability within the patient care record were continually reviewed and updated. The practice had worked closely with the local CCG to help to improve codes used to ensure other local practices were using the correct codes.
- Risks to patients were assessed and well managed. The practice had a risk register in place.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a programme of continuous clinical and internal audits in place which demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- If families had suffered bereavement, their usual GP sent a letter to the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services.
- The practice had a carers register in place and written information was available to direct carers to the various avenues of support available to them.
- Some staff were 'Dementia Friends' staff had completed dementia training.
- The practice arranged an annual social event for elderly patients held in the village of Washingborough which had been held for the past three years. All monies raised through this event were donated to a chosen charity.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking routine appointments and viewing patient summary care records and detailed coded records.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 68% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 61% and the national average of 58%.
- The practice provided same day access to either an appointment, telephone consultation or home visit for older people who required this.
- Patients received personalised care plans from a named GP to support continuity of care.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91% which was higher than the national average of 89%. (Overall exception reporting rate was 6% which was better than the local average of 11%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- 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 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.
- The practice's uptake for the cervical screening programme was 83%, which was higher than the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments until 8pm on a Monday evening each week with both GPs and nurses.
- 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.
- The practice offered a text reminder service for booked appointments.
- The practice provided an in-house physiotherapy service.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Good**





# Summary of findings

- The practice informed 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.

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

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

- Performance for mental health related indicators was 99% which was higher than the national average of 93%. (Overall exception reporting rate was 21% which was higher than the local average of 15%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 218 survey forms were distributed and 122 were returned.

This represented 1.7% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We spoke with seven patients during the inspection and one member of the patient participation group. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 92% of patients who had responded said they would recommend this practice to their friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure actions are taken to ensure the safe storage of Lloyd George patient records.

# Washingborough Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an expert by experience.

## Background to Washingborough Surgery

Washingborough Surgery provides primary medical services to approximately 6,886 patients in the village of Washingborough and surrounding areas in Lincolnshire including Branston, Heighington, Canwick, Potterhanworth and Nocton. The practice also provides services to patients residing in six nursing and residential homes in the surrounding area. The practice has a dispensary on site and dispenses medicines to approximately 10% of its patient population. The practice has a branch surgery located in the nearby village of Branston approximately three miles from the main practice which also has a small dispensary.

Following our inspection, we were informed by the practice of its decision to close both dispensaries to patients due to a significant decrease in dispensing patients. The practice informed NHS England of its decision and the remaining 443 patients of which the practice dispense to have been informed. The dispensaries will close in November 2016.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

At the time of our inspection, the practice employed 23 members of staff consisting of two GP partners, two salaried GPs and two GP registrars. A business manager, a practice manager, an assistant manager within reception, three practice nurses, one health care assistant, one phlebotomist, three dispensers and a team of reception, secretarial and administration staff.

The practice is a training practice and delivers training to GP Registrars. A GP Registrar is a fully qualified Doctor who is training to become a GP.

Washingborough Surgery is open from 8am until 6.30pm Monday to Friday with the exception of a Monday when the practice is open until 8pm. Appointments are available from 8.30am until 11am and from 3pm until 6pm Monday to Friday.

The practice has a General Medical Services (GMS) contract which is a contract between the GP partners and the CCG under delegated responsibilities from NHS England.

The practice has a higher population of patients between the ages of 40-79 years of age.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and access to patient summary care records and detailed coded records.

Washingborough Surgery are part of a recently formed federation called 'South Lincoln Healthcare Ltd'.

The practice has opted out of the requirement to provide GP consultation when the surgery is closed, the out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

# Detailed findings

## 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. The 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016.

During our visit we:

- Spoke with a range of staff including a GP, business manager, practice manager, two practice nurses, three receptionists, a dispenser, a secretary and spoke with seven patients and one member of the patient participation group (PPG) who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 17 CQC comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- During our inspection we reviewed six significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice held a register of all significant events reported which contained details of the date each event was reviewed in a practice meeting, any actions taken and lessons learned as a result. The practice also carried out a significant event analysis identified from complaints received which constituted this. Significant events were a standing item on multi-disciplinary team meetings.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts during our inspection which showed that an effective system was in place.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice nurses were trained to level 2.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. The practice provided evidence that they had reviewed its processes for ensuring codes in use for vulnerable patients and those with either a safeguarding concern or suffered with a learning disability within the patient care record were continually reviewed and updated. The practice had worked closely with the local CCG to help to improve codes used to ensure other local practices were using the correct codes.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence of chaperone training records during our inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

## Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was a process in place for following up uncollected prescriptions by patients. If a patient did not collect their prescription for a high risk medicine, a member of staff would attempt to contact the patient and an appointment would be made with a GP if a patient had stopped taking their medicines to ensure this could be reviewed.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- There were a range of standard operating procedures (SOPs) for the staff responsible for dispensing medicines. (SOPs are documents that explain a procedure for staff to follow. These help to ensure all staff members work in a consistent and safe way). All SOPs had been reviewed on a regular basis.
- Processes were in place to check that all medicines in the dispensary were within their expiry date and suitable for use. We saw evidence of regular checks being undertaken. We checked numerous medicines during our inspection within the dispensary and all were within their expiry date.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines). We observed that vaccination fridges did not have a temperature data logger device installed to supplement the minimum/maximum temperature thermometers used by staff to record temperatures on a daily basis. However, the practice submitted evidence following inspection to confirm that data loggers had been purchased for all fridges in use. At the time of our inspection, there was not a maintenance contract in place for the calibration or servicing of these fridges however, the practice confirmed immediately following our inspection that a maintenance agreement had been agreed for regular calibration.
- We observed that ambient room temperatures in areas where medicines were stored were not recorded on a daily basis to ensure that medicines were not stored at temperatures above 25 degrees centigrade. However, immediately following our inspection, the practice confirmed purchase of a thermometer for use within the dispensary to ensure temperatures were physically checked and recorded on a daily basis. We were also informed that the practice had taken a decision to close the dispensaries in November 2016 due to a significant decrease in dispensing patients.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We looked at eight PGDs during our inspection and saw that these were appropriately signed and dated by staff who use them.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded

## Are services safe?

for learning and the practice had a system in place to monitor the quality of the dispensing process. We saw evidence of numerous near miss records during our inspection.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found 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.
- We observed Lloyd George, paper patient care records which were stored in a secure reception office with restricted access. All members of staff who accessed this area had signed confidentiality agreements however, some of these records were stored on open shelving without lockable doors. Immediately following our inspection, we were provided with an action plan detailing immediate improvements to be made by the practice to ensure the security of patient care records.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We saw evidence of a health and safety compliance audit carried out for both premises in December 2015 by an external specialist. The practice had up to date fire risk assessments in place which had last been carried out in December 2015 the practice carried out regular fire drills, the last fire drill had been carried out in July 2016. The practice carried out regular testing of the fire alarm panel and ensured all fire detection equipment was serviced regularly.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A five year electrical fixed wire test of the hard wiring system in both premises had been carried out. The practice had also ensured asbestos management surveys had been carried out by external specialists.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw examples of these rotas during our inspection.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Spillage kits were available in each consulting room in the event of spillage of bodily fluids such as blood, vomit and urine.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had last been reviewed in July 2016.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.2% of the total number of points available. Overall exception reporting rate was 6.3% which was lower than CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 91% which was higher than the national average of 89%. (Overall exception reporting rate was 6% which was lower than the local average of 11%).
- Performance for mental health related indicators was 99% which was higher than the national average of 93%. (Overall exception reporting rate was 21% which was higher than the local average of 15%).

There was evidence of quality improvement including clinical audit.

- The practice had an on-going clinical audit programme in place. This programme detailed 23 audits which had been carried out which included audits of the quality of patient care records following update by clinicians. Audits of pathology results, consent for minor surgery, appointments system audits, stroke prevention and numerous medicines audits. Members of the nursing team were also involved in clinical audit, we saw evidence of a pneumococcal audit which had been carried out by a practice nurse.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Members of the nursing team had completed various training courses which included spirometry and two practice nurses were undertaking cervical cytology training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. New employees or those whose job role may have changed were appraised on a three monthly basis.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

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

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 69% of female patients aged 50-70 years of age had attended for breast cancer screening within six months of invitation compared to the CCG average of 73% and the national average of 73%. 68% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 61% and the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were either comparable to or higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 84% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (1.17% of the practice list). Written information was available to direct carers to the various avenues of support available to them. At the time of our inspection, the practice were working towards the achievement of the 'Lincolnshire Carers Partnership Charter Award'. Following

our inspection, the practice completed this work and submitted ready for assessment. Some members of staff were also 'Dementia Friends' and had completed dementia training.

The practice arranged an annual social event for elderly patients held in the village of Washingborough which had been held for the past three years. All monies raised through this event were donated to a chosen charity.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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.

- The practice offered extended hours appointments on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided an automated arrival machine to enable patients to arrive themselves for their appointments without the need to speak to a member of the reception team. This system also offered a translation system to enable patients to self-arrival using numerous different languages.
- The practice offered a text reminder service for booked appointments.
- The practice provided an in-house physiotherapy service.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on a Monday evening until 8pm, patients were able to book extended hours appointments with both GPs and practice nurses. Appointments are available from 8.30am until 11am and from 3pm until 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either comparable to or higher than local and national averages in some areas.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 92% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP they were able to get an appointment compared to the CCG average of 76% and the national average of 76%.

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

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

The practice had an effective 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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, a complaints leaflet was available for patients in the reception area.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with

# Are services responsive to people's needs?

(for example, to feedback?)

dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. All complaints we looked at received a

formal written response which included details of any investigations undertaken and an apology where necessary. The practice carried out a significant event analysis on complaints which required this.

# Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients.

- Staff we spoke with were aware of the vision of the practice and understood its values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We reviewed 15 policies during our inspection which included business continuity, infection control, health and safety, consent, safeguarding and complaints. All policies had been reviewed and updated on a regular basis and staff were aware of how to access these policies.
- A comprehensive understanding of the performance of the practice was maintained
- The practice had an effective audit programme of continuous clinical and internal audit in place which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a risk register in place which also included risk assessments relating to the dispensaries.
- There were effective process and procedures in place in relation to the dispensary and management of medicines.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. During our inspection we saw numerous meeting minutes which included clinical and practice meeting minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and

# Are services well-led?

Good 

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

through surveys and complaints received. The PPG was formed in August 2015 and met on a monthly basis. At the time of our inspection, the PPG were in the process of implementing a practice patient survey and aimed to submit proposals for improvements to the practice management team based on the outcome of survey results. The practice had installed a new ramp and improved disabled access for use by disabled persons as a result of feedback received from PPG members.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

One member of the non-clinical team had worked closely with the CCG to support their development of pathways to improve the referral processes and access to advice from secondary care consultants.

At the time of our inspection, the practice had submitted an application to the CCG and NHS England for funding to extend and develop the current premises to include additional meeting room facilities, additional consulting rooms, increased training capacity for clinical roles with an aim to improve recruitment into the Lincolnshire areas and to generally update and modernise the premises. Plans also included increased car parking for patients and improved disability access and a ground floor extension to provide a new minor surgery operating suite.

Washingborough Surgery were part of a recently formed federation called 'South Lincoln Healthcare Ltd'.