The Sheepmarket Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
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?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Sheepmarket Surgery on 2 February 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the 2 February 2015 report can be found by selecting the 'all reports' link for The Sheepmarket Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 6 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 February 2015. This report will cover all the five key questions and include our findings in relation to those requirements and additional improvements made since our last inspection.

Following the most recent inspection the practice is rated as Good. Safe remains as requires improvement and well-led has improved from requires improvement to good. The overall rating for all the population groups is good.

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

- We found that the system in place for significant event system had been reviewed since the last inspection. Some further improvement was required to ensure that the investigations were detailed and actions were identified and implemented.
- The practice had systems in place to minimise risks to patient safety with the exception of Disclosure and Barring Checks for medicine delivery drivers.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Clinical audits had been carried out but further information was required to evidence the improvements to patient outcomes and shared learning with the practice team.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 95% of patients who responded to the July 2016 patient GP survey said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. Comment cards we reviewed aligned with these views.
  - Comments cards we reviewed told us that the appointment systems were working well. They found it easy to make an appointment with a named GP and urgent appointments were 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
  - The practice had a formalised process for the recording of minutes of meetings but the meeting minutes still required more detail.

The areas where the provider must make improvement are:

- Continue to embed the new system for significant events to ensure investigations are detailed, actions are identified and implemented and meetings minutes represent the discussion that takes place.
- Ensure the safeguarding registers are reviewed and updated.
- Continue to embed the system in place for quality improvement activates such as clinical audits and ensure that any actions and learning outcomes are recorded and reviewed to ensure improvements have been achieved.
- Review the processes in the dispensary to minimise the risk to patients. For example, the process for regular monitoring of prescriptions that have not been collected, regular checks to ensure that dispensary stock is within expiry date and maintain appropriate records and implement a system to ensure dispensary fridge temperatures are recorded daily in line with national guidance.

The areas where the provider should make improvement are:

- Review the policy for fire safety and ensure that the practice have fire wardens trained and in place.
- Complete the disclosure and barring service (DBS) check for medicine delivery drivers.
- Review meeting minutes to ensure that more detail is documented and include set agenda items such as safeguarding, NICE guidance.

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 good for providing safe services.

- There was an improved system for reporting and recording significant events. We found that the system in place for significant events had been updated. However, the system still required further improvement to ensure that the investigations were detailed and actions were identified and implemented. Lessons were shared to make sure action was taken to improve safety in the practice but these needed to be evidenced more clearly.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The practice had systems, processes and practices in place to minimise risks to patient safety with the exception of Disclosure and Barring Checks for medicine delivery drivers and processes in the dispensary for uncollected prescriptions, regular checks on dispensary stock and daily recording of fridge temperatures.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had safeguarding registers in place but these needed to be reviewed and updated.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits had been carried out but further information was required to evidence the improvements to patient outcomes and shared learning with the practice team
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Comments cards we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had reviewed the system to look at demand. At the inspection the management team told us that the increase in patient appointments on a Monday had worked well. Feedback we looked at from patients was extremely positive.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- 95% of patients who responded to the July 2016 patient GP survey said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. Comment cards we reviewed aligned with these views.
- Comments cards we reviewed told us that the appointment systems were working well. They found it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- Since our inspection in February 2015 we found that the practice had made significant improvements.

Summary of findings

- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- Clinical audits had taken place but there was limited evidence documented that demonstrated improvement in patient outcomes.
- 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 policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- 9.59% of the practice population are older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 2.2% of patients who had been assessed as being at risk had a care plan in place which was above the required national target of 2%.
- Each of the five care homes in the area had a lead GP who visited regularly to maintain continuity.
- The practice provides a medicine delivery service to patient's homes twice a week.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had utilised a number of administration tools which had helped the practice to identify patients, previously unidentified, with a long term condition. This process had increased the number of patients on the long term register, for example, COPD, Diabetes, Heart failure.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 93.9% which was 0.4% above the CCG average and 2.6% above the national average. Exception reporting was 2.7% which was 1.8% below the CCG average and 2.8% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 80.9% which was 2.9% above the CCG average and 5.3% above the national average. Exception reporting was 0.9% which was 2.2% below the CCG average and 7% below national average.

Summary of findings

- The percentage of patients with COPD who had a review undertaken by a healthcare professional in the preceding 12 months was 93.8% which was 0.2% above CCG average and 4.2% above the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 86.5% which was same as CCG average and 5% above the national average. Exception reporting was 2.2% which was 0.9% above the CCG average and 1.7% below national average.
- The practice provided a blood pressure machine in one of the waiting areas so that patients could take their own blood pressure and present the readings at reception to be entered on their record.
- Longer appointments and home visits were available when needed. Home visits are carried out for patients who are unable to attend the practice for routine blood tests.
- Patients had a named GP and the practice had a system in place for recalling patients for a structured annual review to check their health and medicines needs were being met.
- The practice had a number of GPs with special interests (GPwSI's), for example, dermatology, neurology, gynaecology, minor surgery and diabetes. This meant that the practice could refer to GPs within the practice and reduce the number of patients referred to secondary care.

Families, children and young people

Good

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

- 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.
- The practice's uptake for the cervical screening programme was 85% which was above the CCG average of 81% and the same as the national average of 86%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 89% to 100% and five year olds from 91.5% to 98%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with school nurses.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.
- Health promotion advice and material were available throughout the practice.

People whose circumstances may make them vulnerable

Good

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable
- 100% of patients on the palliative care register had had their care reviewed in the last 12 months.
- Only 45% of patients registered with the practice with a learning disability had had their care reviewed in the last 12 months. The practice told us as the inspection that nine patients had recently been added to the register and not had the opportunity to be invited for a review of their care.
- 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.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

Good

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% which was 6.6% above the CCG average and 10.4% above the national average. Exception reporting was 2.4% which was 1.4% below the CCG average and 4.4% below the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95.1% which was 0.7% above CCG average and 6.3% above the national average.
- The percentage of patients 18 or over with a new diagnosis of depression who had been reviewed not earlier than 10 days but not later than 56 days after the date of diagnosis was 87.9%. This was 3.6% above the CCG average and 4.9% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, referrals to Addaction for patients who experience alcohol and substance misuse problems. Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had received mental capacity and dementia awareness training.
- The practice PPG in conjunction with two other Stamford PPGs held a dementia educational event in 2016. The event was well received by newly diagnosed patients and carers.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016.The results were well above CCG and national averages. 219 survey forms were distributed and 118 were returned. This represented 0.85% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 90% 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 86% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 89% 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 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients described the staff as courteous, friendly and welcoming. Care was excellent and they felt they were treated with dignity and respect.

We also spoke with two members of the patient participation group (PPG) during the inspection. They told us they were very satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Continue to embed the new system for significant events to ensure investigations are detailed, actions are identified and implemented and meetings minutes represent the discussion that takes place.
- Ensure the safeguarding registers are reviewed and updated.
- Continue to embed the system in place for quality improvement activates such as clinical audits and ensure that any actions and learning outcomes are recorded and reviewed to ensure improvements have been achieved.
- Review the processes in the dispensary to minimise the risk to patients. For example, the process for regular monitoring of prescriptions that have not been collected, regular checks to ensure that dispensary stock is within expiry date and maintain appropriate records and implement a system to ensure dispensary fridge temperatures are recorded daily in line with national guidance.

Action the service SHOULD take to improve

- Review the policy for fire safety and ensure that the practice have fire wardens trained and in place.
- Complete the disclosure and barring service (DBS) check for medicine delivery drivers.
- Review meeting minutes to ensure that more detail is documented and include set agenda items such as safeguarding, NICE guidance.

The Sheepmarket Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and a member of the CQC medicines team.

Background to The Sheepmarket Surgery

The Sheepmarket Surgery provides primary medical services to approximately 14,000 patients.

The Sheepmarket Surgery is purpose built with consultation rooms on the ground floor. Administration and meeting rooms were on the upper floor. The practice offered a full range of primary medical services and was able to provide dispensary services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

At the time of our inspection the practice employed eight GP partners, one salaried GP and one locum GP. Six GP's were full time (four male and two female) and four part-time (female). The surgery also employed a practice manager, four practice nurses, two health care assistants and assistant practice manager, finance manager, seven receptionists, five dispensers and five 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 is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

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

The Sheepmarket Surgery, Ryhall Road, Stamford, Lincs. PE9 1YA

The practice was open from 8am until 6.30pm Monday to Friday. The practice had extended hours on Tuesday and Thursday 6.30pm to 8pm and Saturday's 8am until 11am.

The practice currently offered 1019 GP appointments per week and 175 hours of nursing time. Patients can book appointments in advance and the practice also offer book on the day appointments. Patients who do not have an appointment but feel they need to be seen will be triaged by the on-call team (one GP and one minor illness nurse) and given advice by telephone, brought to the surgery to be seen on the day or given an appointment where appropriate.

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 in many different languages. This enabled patients whose first language was not English to read the information provided by the practice.

The Sheepmarket Surgery 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.

Detailed findings

The Sheepmarket Surgery is one of three surgeries in Stamford who merged with Lakeside Healthcare on 1 July 2016. At the time of the inspection discussions were taking place as to whether they are correctly registered with the Care Quality Commission due to the merger in 2016.

Why we carried out this inspection

In February 2015 we had 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. That inspection was planned to check whether the provider was 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. At that inspection we found the practice requires improvement overall but specifically the rating for providing a safe and well led service. We carried out this further comprehensive inspection to ensure that sufficient improvement had been made.

At the inspection on 6 April 2017 we found that the practice had made significant improvements but still needed to improve the system in place for significant events and quality improvement activities such as clinical audit.

The Care Quality Commission have recognised the improvements already made and that is why no additional enforcement action is going to be taken. We have given the practice a further requirement notice for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment. We will carry out a further follow up inspection at the practice to check that further improvements have been made.

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 6 April 2017.

During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 2 February 2015 we rated the practice as requires improvement for providing safe services as the practice were unable to demonstrate a safe track record over the long term. At that inspection we found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process to learn from significant events near misses or complaints. The practice did not have a risk log and had not carried out assessments to identify risks and improve patient safety. The practice did not have an effective system in place to ensure appropriate actions were taken in response to safety alerts. We issued a requirement notice in respect of these issues.

We found improvements had been made at a follow up inspection on 6 April 2017. However further work was required in respect of significant events and some processes in the dispensary.

The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

There was a 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).
- At the inspection in February 2015 we found the system the practice had in place for reporting, recording and monitoring of significant events was not clear or consistent.

  At this recent inspection we found there was an improved system in place for reporting of significant events. The practice had had 90 significant events in the last 15 months and we looked at four of them. We found that some had been reviewed in a timely manner but the system still required some improvement. Significant events still varied in terms of documentation, investigations, actions and learning. We were able to review minutes of meetings where these were discussed but they were not detailed or easy to follow. Lessons were shared to make sure actions were taken to improve safety to patients but these needed to be evidenced more clearly. Significant events were a standing item on meeting minutes we reviewed. Themes and trends had been identified at the time of the inspection these but had not been discussed or shared with staff. Since the inspection the management team have advised us that they have been unable to provide more evidence due to the cyber attack and lack of access to their computer storage systems. We will review this area when we do a follow up inspection.
- The dispensary had a "near miss" record (a record of errors that have been identified before medicines have left the dispensary) in place. This process enabled the practice to identify trends and patterns in errors and take action to prevent reoccurrence. There were arrangements in place for the recording of significant events which involved medicines. We found the practice had acted to adequately investigate these incidents and/or reviewed dispensing practices to prevent reoccurrence. We saw records which related to recent medicine safety alerts and the action taken in response to them. At the inspection in February 2015 we found the system in place for patient safety alerts was not effective. At this inspection we found that the safety alerts were received by the practice manager and disseminated to the clinicians for review and action. MHRA alerts were investigated by the practice manager. Searches were carried out and action taken where appropriate. We saw evidence in meeting minutes where these were regularly discussed.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Most of the arrangements for safeguarding 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. From the sample of 11 documented examples we reviewed we found that the safeguarding registers needed an update to ensure that they were current and contained the relevant alerts. GPs attended safeguarding meetings when possible or

provided reports where necessary for other agencies. There was limited attendance at the practice multi-disciplinary team meetings by health visitors and Midwives. The practice advised that they would send out further invites and ask for information to be sent by email if they were not able to attend to ensure that the practice were kept informed of any changes.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. Heath Care Assistants were trained to level two.
- 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Comments cards we reviewed told us that patients found the practice clean and had no concerns about cleanliness or infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised most risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals.
- The practice had signed up to the Dispensary Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary.
- Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), and a system was in place to ensure relevant staff had read and understood the SOPs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.
- Expired and unwanted medicines were usually disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was an SOP to govern this activity. However, we checked the dispensary stock and found an item which had expired in January 2017.
- Dispensary staff told us about procedures for weekly monitoring of prescriptions that had not been collected. However, we found several uncollected prescriptions which were greater than six weeks old, one from November 2016 which had not been followed up in accordance with the standard operating procedure.
- Monitored dose systems were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was effective. Staff knew how to identify that medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- Most of the systems and processes in place for the maintenance of the cold chain were effective. Fridge temperatures within the main practice were recorded in

line with national guidance. However we found that whilst dispensary fridge temperatures were also being recorded in line with national guidance we found gaps in records on three occasions in December 2016 and four occasions in January 2017.

- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legal requirements and national guidance.
- There was a process in place to ensure that repeat prescriptions were signed before being dispensed. Processes were also in place for handling repeat prescriptions which included the review of high risk medicines. The system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance was effective.
- 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 pads were recorded upon receipt into the practice and stored securely; prescriptions for use in printers were tracked through the practice in accordance with national guidance.
- The practice used volunteer drivers to transport medicines from the dispensary to patient's homes. On the day of the inspection we found that the practice did not have a written protocol which outlined what the drivers would do with undelivered medicines. We also found that the drivers had not had a disclosure and barring service (DBS) check carried out. We discussed this with the practice manager during the inspection who agreed they would take action and make alternative arrangements for the transportation of medication to patient's homes. This had been actioned and was confirmed in writing and arrangements were now in hand to request a DBS check for the drivers.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures in place for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. The practice had an up to date fire risk assessment and carried out regular fire drills. At the time of the inspection there were no designated wardens within the practice. We were told and we saw in the fire safety policy that senior members of the team took responsibility for this role should a fire occur. We spoke with the management team and advised that they should consider having fire wardens due to the complex layout of the building.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a risk register in place along with a variety of other risk assessments to monitor safety of the premises such as general building and security, visual display, control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. For example, on Mondays to cope with the increase in demand for appointments after a weekend. The practice had a cross cover policy in place for GPs and nurses to maintain continuity over holiday periods and non-working days to minimise disruption to the service

Arrangements to deal with emergencies and major incidents

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

Requires improvement

Are services safe?

- 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.
- 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 business continuity and recovery plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. After the inspection the practice sent us evidence that they had completed a business continuity risk assessment where the risks were rated and mitigated actions record to reduce and manage the risk.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they 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 management team told us that they often had informal discussions when discussing individual patients. They told us they would ensure that future meeting minutes would include discussions of relevant NICE guidelines.

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 for 2015/16 were 98.2% of total points available. The practice was 0.2% below the CCG average and 2.9% above national averages. Exception reporting was 5.6% which was 3.3% below CCG average and 4.2% below national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for QOF (or other national) clinical targets. Data from 2015/16 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 93.9% which was 0.4% above the CCG average and 2.6% above the national average. Exception reporting was 2.7% which was 1.8% below the CCG average and 2.8% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 80.9% which was 2.9% above the CCG average and 5.3% above the national average. Exception reporting was 0.9% which was 2.2% below the CCG average and 7% below national average.
- The percentage of patients with COPD who had a review undertaken by a healthcare professional in the preceding 12 months was 93.8% which was 0.2% above CCG average and 4.2% above the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 86.5% which was same as CCG average and 5% above the national average. Exception reporting was 2.2% which was 0.9% above the CCG average and 1.7% below national average.
- The practice provided a blood pressure machine in one of the waiting areas so that patients could take their own blood pressure and present the readings at reception to be entered on their record.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% which was 6.6% above the CCG average and 10.4% above the national average. Exception reporting was 2.4% which was 1.4% below the CCG average and 4.4% below the national average.

At the inspection in February 2015 we found the system the practice had in place to demonstrate quality improvement, for example, clinical audits, was not effective. At this inspection we reviewed the work the practice had carried out in the last two years. Clinical audits had taken place but there was limited evidence in some of the audits we looked at that demonstrated where improvements had been implemented, monitored and showed improvement in patient outcomes. There had been 12 clinical audits completed in the last two years, three of these were completed audits. We spoke with the management team who acknowledged that further work was required to evidence the improvement in patient outcomes and the shared learning within the practice team. Since the inspection the management team have advised us that they have been unable to provide evidence of more audits due to the cyber attack and lack of access to their computer storage systems. We will review this area when we do a follow up inspection.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- 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 and in May 2015 two Practice Nurses undertook minor illness 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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. We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a number of GPs with special interests (GPwSI's), for example, Dermatology, neurology, gynaecology, minor surgery and diabetes. This meant that the practice could refer to GPs within the practice and reduce the number of patients referred to secondary care.
- 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. Information was shared between services, with patients' consent, using a shared care record.
- 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. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. We reviewed data for minor surgery over the last nine months and found that consent had been gained in over 95% of patients.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG average of 81% and the national average of 76%.

Good

Are services effective?

(for example, treatment is effective)

There were failsafe systems 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.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 65% of patients eligible had attended for bowel cancer screening which was above the CCG average of 62 % and national average of 58%.
- 83% of patients eligible had attended for breast cancer screening which was above the CCG average of 79% and national average of 73%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 89% to 100% and five year olds from 91.5% to 98%.
- 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. During the 2016/2017 period the practice told us they had improved the call and recall process for NHS health Checks from 4.9% in 2015/16 to 69.7% in 2016/17.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 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 two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had higher than average satisfaction scores on consultations with GPs and nurses.

For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. Comment cards we reviewed aligned with these views.

Care planning and involvement in decisions about care and treatment

Comments cards we reviewed and patients we spoke with 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.

Results from the July 2016 national GP patient survey showed the results were above CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language and also for patients who had severe hearing problems.
- Information leaflets were available in easy read format.

Good

Are services caring?

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 164 patients as carers (1.17% of the practice list). The practice had a process in place to capture carers on registration. The practice were also aware that they needed to increase the numbers of carers on the register and were taking part in the Carers Quality Award which sets out key principles in the recognition, value and support of carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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.

Good

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 on a Tuesday and Thursday evening 6.30pm to 8pm and Saturday morning 8am to 11am 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities which included automatic doors to the entrance and all clinical rooms were on the ground floor.
- We spoke with staff who gave us examples of when interpretation services had been used to improve the patient experience.
- The practice had a lift in place which improved access to the first floor of the building.
- The practice had installed a self-service check-in to improve the patient experience and reduce the number of patients waiting at the reception desk.
- Part of the reception desk was at a lower level to aid those patients who attend the practice in a wheelchair.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. For example, information in larger size format.

Access to the service

The practice was open from 8am until 6.30pm Monday to Friday. The practice had extended hours on Tuesday and Thursday 6.30pm to 8pm and Saturday's 8am until 11am.

Patients could book appointments in advance and the practice also offered on the day appointments. Patients who did not have an appointment but felt they needed to be seen were triaged by the on-call team (one GP and one minor illness nurse) and given advice by telephone,brought to the surgery to be seen on the day or given an appointment where appropriate.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 98% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

The practice had a system 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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. For example, summary leaflets available in the waiting areas.
- The practice had received 40 complaints in the last 12 months and we looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.
- Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Meeting minutes we looked at showed that the practice had reviewed the complaints from 2016. Going forward department leads would encourage staff to report verbal complaints to ensure further theme and trends were identified.

Are services well-led?

Good

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

Our findings

At our previous inspection on 2 February 2015, we rated the practice as requires improvement for providing well-led services as improvements were required in relation to the overarching governance structure.

We issued a requirement notice in respect of these issues. At this most recent inspection we saw that the practice had governance systems in place and had made significant improvements.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was one of three in Stamford who had merged with Lakeside Healthcare.

- The practice had a mission statement which was displayed in the waiting areas.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At this inspection we saw that the practice had governance systems in place which supported the delivery of good quality care. We also found that the practice had made significant improvements. We found:

- A comprehensive understanding of the performance of the practice was maintained.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, GPs with specialist interest in dermatology, neurology, gynaecology and minor surgery.
- We found that a new significant event system had been put in place. The report form and SEA policy had been updated. However, the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of Disclosure and Barring Checks for medicine delivery drivers. These have been applied for since the inspection and alternative arrangements are in place.
- Safeguarding coding needed to be updated to ensure it was current and when patients were discussed at the regular multi-disciplinary meetings a note should be added to the patient record.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. The practice had signed up to the Dispensary Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using the dispensary
- Effective systems and processes were in place for call and recall of long term conditions, incoming/outgoing post, referrals which included two week wait referrals and test results received electronically.
- Clinical audits had taken place but there was limited evidence in some of the audits we looked at that demonstrated where improvements had been implemented, monitored and showed improvement in patient outcomes.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. In meeting minutes we looked at we saw limited evidence of the sharing and learning from significant events and complaints. We spoke with the practice manager who told us going forward department leads would attend the meetings and then disseminate the information to their staff groups. This would then be documented in their departmental meeting minutes. Discussions on Safeguarding and NICE guidance would be added going forward.

Leadership and culture

The partners demonstrated they had the experience, capacity and capability to deliver quality care. They told us they prioritised safe and compassionate care. We saw evidence that the systems and processes for the management of risk, patient safety alerts, recruitment checks, policies and procedures, incoming post had improved .There was evidence of steps taken to improve services for patients, for example, in access to appointments specifically after a weekend. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good

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

The provider was aware of and had systems 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.

We found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The practice told us that they did not currently have health visitors join their meetings to monitor vulnerable families and safeguarding concerns but going forward they would contact them to ask for updates if they could not attend.
- Staff told us the practice held regular team meetings. They 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 and staff.

It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG met regularly every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG, in conjunction with the PPGs from the other two Stamford practices, had put on two awareness days for patients who had been diagnosed with diabetes and dementia. Discussions had taken place for a further awareness day for new mothers and mothers with young children.
- The Sheepmarket Surgery were currently in public consultation to merge the three patient lists in Stamford and the draft letter and survey that was sent out was shared and discussed with the PPG team to ensure it was patient friendly.
- The practice participated in the NHS Friends and Family Testing.
- In March 2016 the dispensary carried out a patient satisfaction surgery. 41 patients responded over a three week period. 91% of patients who responded were satisfied with the service provided. 95% would recommend the service to family and friends. An issue raised as a concern by those who responded was the lack of confidentiality at the dispensary front desk. The staff regularly review this issue and ask patients where possible to stand back from the desk and they offer a private room should patients wish to have a discussion in private.
- In October 2016 the practice carried out an access survey when patients attended an influenza clinic. Of the 1,053 responses, 87% of all respondents were over the age of 55. 72% were in favour of the Monday to Friday access to the practice with 22% in favour of a Saturday. 66% were happy with the care provided in face to face consultations and 25% via telephone.
- 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 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

Are services well-led?

Good

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

to improve outcomes for patients in the area. The practice had reviewed the system to look at demand. At the inspection the management team told us that the increase in patient appointments on a Monday had worked well. Feedback we looked at from patients was extremely positive.

Lakeside Healthcare had recruited pharmacists to work with all the practices in the group. They will be working at The Sheepmarket Surgery from May 2017 once the practice had transferred their patient records to the SystemOne Clinical system.

On the day of the inspection they had one GP trainee. GP Trainees are qualified medical practitioners who receive specialist training in General Practice. The practice had three GP Trainers who were actively involved with the local VTS scheme and medical students from Cambridge University

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 **The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.** **This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**