

# Woolsthorpe 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

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

# 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	8
What people who use the service say	14
Areas for improvement	14

### Detailed findings from this inspection

Our inspection team	15
Background to Woolsthorpe Surgery	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17
Action we have told the provider to take	29

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woolsthorpe Surgery on 21 September 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events. We found that they had been reviewed in a timely manner but the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented
- Risks to patients were assessed and well managed.
- We saw that the process for ensuring medication reviews were conducted and recorded was not effective.
- Where medicines were being prescribed by secondary care we saw evidence that the health care professionals in the practice were not always alerted to this
- 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.
- 97% 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%).
- 93% of patients said the last GP they spoke to was good at treating them with care
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%).
- Patients told us the practice provided an excellent and professional service. Staff were caring, respectful and very helpful and treated patients with dignity.
- The practice is described by patients and staff as 'unique'. It is the smallest practice within the SouthWest Lincs CCG and its ethos is 'a tradition of caring'.

# Summary of findings

- 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.
- 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 and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:-

- Embed a proper and safe system for the management of medicines. For example, the process for medicine reviews and medicines prescribed by secondary care.
- Review the use of the error log in the dispensary to ensure near miss errors are consistently recorded and reviewed to identify trends and potential risks

The areas where the provider should make improvement are:

- Continue to embed the process for significant events and ensure investigations are detailed and actions identified.
- Complete the review of the practice Infection control policy to ensure that it provides the appropriate guidance to staff.
- Complete an Infection control action plan to ensure all actions are completed and document cleaning spot checks carried out on a regular basis.
- Complete the infection control training for GPs who work at the practice.
- Update SOPs when processes within the dispensary are altered to ensure all staff are aware of their responsibilities.
- Ensure verbal complaints are documented and discussed as per the practice policy.

**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 requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. We found that they had been reviewed in a timely manner but the system still required some 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.
- 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.
- We found that the error log in place did not always ensure that near miss errors were consistently recorded and reviewed to identify trends and potential risks.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Most of the systems in place for infection prevention and control were effective.
- We found that the process for medicine review needed to be fully embedded and facilitate face to face review of all medicines where appropriate.
- Where medicines were being prescribed by secondary care we saw evidence that the health care professionals in the practice were not always alerted to this

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly better than the national average. Overall 95.3% for the practice against a national average of 94.7%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 58% of those eligible for bowel screening which was slightly below the CCG average of 61% and national average of 60%.
- 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.

- Data from the national GP patient survey showed patients rated the practice much higher in most aspects of care.
- 96% of patients who completed the national GP patient survey would recommend the surgery to someone new in the area.
- 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.
- The practice is described by patients and staff as 'unique'. It is the smallest practice within the SouthWest Lincs CCG and its ethos is 'a tradition of caring'.

Good



## Are services responsive to people's needs?

The practice is rated good for being responsive to people's needs.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example, open access surgeries were available every weekday morning. The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Vale Medical Group locations. These appointments are for working patients who could not attend during normal opening hours.

Good



# Summary of findings

- Comments cards we reviewed told us that patients said 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.
- To coincide with a Health Fair organised for October 2016 by the Vale Medical Group PPG the practice have engaged with local primary schools to raise awareness of healthy lifestyles with an art competition.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Verbal complaints were not always documented and discussed as per the practice policy. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- Woolsthorpe Surgery is one of three locations in Vale Medical Group. The group is committed to preserve and enhance its good reputation for being a tradition of caring and innovative practices.
- 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.
- 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 governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- We found that the practice did not have a proper and safe system for the management of medicines. For example, the process for medicine reviews and medicines prescribed by secondary care.
- The practice did not review the error log in the dispensary to ensure near miss errors were consistently recorded and reviewed to identify trends and potential risks
- Verbal complaints were not always documented and discussed as per the practice policy.

Requires improvement



# Summary of findings

- 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.

# 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 provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of older people.

There were, however, many examples of good practice.

- 23% of the practice population are over 64 and 11% over 74 years of age.
- The practice employed a qualified nurse as a care co-ordinator who liaised with other agencies in the care of older people. They provided support to patients at risk of an unplanned hospital admission and losing their independence. They worked with multi-disciplinary teams, for example social services, the Neighbourhood team and Lincolnshire Well-being service to support the care of older people. They had completed care plans for 2 % of patients who had been assessed as being at risk which was the required national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82% which was 4% below the CCG average and 1.6% below the national average. Exception reporting was 7.9% which was 4% above the CCG average and 4.1% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 93.8% which was 0.9% above the CCG average and 0.3% the national average. Exception reporting was 11.1% which was 2.3% above the CCG average and the same as the national average.
- The practice told us they signpost patients to local support groups using a brochure produced by their PPG. They refer patients to Walking for Health and in partnership with the PPG are organising a Christmas party for patients aged over 74years of age.

Requires improvement



# Summary of findings

## People with long term conditions

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however many examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 32% of the practice population have a long term condition.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.5% which was 0.2% above the CCG average and 1.1% above the national average. Exception reporting was 2.9% which was 2.3% below both the CCG average and national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 87.7% which was 9.7% above the CCG average and 12.4% above the national average. Exception reporting was 28.8% which was 23.4% above the CCG average and 21.3% below national average.
- Patients had a named GP and the practice had a system in place for recalling patients for a structure annual review to check their health and medicines needs were being met.
- Longer appointments were available. 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.
- The nursing team regularly rotate the display boards to refresh information on long term conditions. For example, they had a Diabetes awareness month in June and the most recent awareness month was on COPD.

Requires improvement



## Families, children and young people

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, many examples of good practice.

Requires improvement



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice have an information board and young person's leaflet available.
- 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.
- 18% of the practice population are under 18 years of age.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates were 100% for the vaccinations given to under two and five year olds.
- The practice's uptake for the cervical screening programme was 76% 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 provides contraception services which include coil fitting along with cytology and immunisations and can be accessed through booked appointments. The nursing team engage with local youth groups to talk about sexual health and contraception. The practice also supports the national Chlamydia screening programme.
- The practice's uptake for the cervical screening programme was 80% which was above the CCG average of 78% and the national average of 74%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 76% of those eligible for breast screening which was the same as the CCG average of 76% but above the national average of 70%.
- The practice were supporting the Royal College of Physicians (RCGP) initiative on autistic spectrum disorders. The practice had a higher number of children with autism in comparison to the two other practices in the Vale Medical Group. This initiative had enhanced autism awareness of clinical staff within the practice so that the healthcare experiences of people on the autistic spectrum could be improved.

# Summary of findings

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, many examples of good practice.

- 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.
- 58% of the practice population are of working age.
- 98% of patients who responded to the national GP survey said the last appointment they got was convenient. This was above the CCG average of 94% and national average of 92%.
- 92% of patients who responded to the national GP survey feel they don't normally have to wait too long to be seen. This was well above the CCG average of 59% and national average of 58%.
- 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 website was relaunched in June 2016 to coincide with the national PPG awareness week. The new website will also promote the PPG Health Fair planned for October 2016 were all members of the local community are welcome. This will offer BP & cholesterol checks, healthy eating advice, counselling advice, NHS listening booth, physiotherapy, exercise groups along with many tables promoting other local voluntary organisations.
- In 2016 the practice have established links with the Breast Screening Service and they will attend the PPG Health Fair to talk about the importance of breast screening which the practice hope will lead to an increase in patients who attend for breast screening.

**Requires improvement**



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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**



# Summary of findings

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

There were, however, many examples of good practice.

- 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 had 3 patients with a learning disability and 66% had received at least one review in the last 12 months.
- The practice provide support to Dove Cottage Day Hospice. This is a hospice which provides palliative day care to those people living in NE Leicestershire, Rutland and SE Nottinghamshire.
- The practice had three patients on the palliative care register and 100% had received at least one review in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

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

There were, however, many examples of good practice.

- The practice had four patients who had been diagnosed with dementia and three had had their care reviewed in a face to face meeting in the last 12 months.
- The practice had four patients who had been diagnosed with a mental health condition and 100% had their care reviewed in a face to face meeting in the last 12 months.
- 78% of patients with depression had their care reviewed in a face to face meeting in the last 12 months.

Requires improvement



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, steps2change counsellors.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, steps2change counsellors.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 114 were returned. This represented 9% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 96% 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 the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%).

- 96% 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 78% and the national average of 75%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. All the comments cards we reviewed told us that the practice provided an excellent and professional service. Staff were caring, respectful and very helpful and treated patients with dignity.

## Areas for improvement

### Action the service MUST take to improve

- Embed a proper and safe system for the management of medicines. For example, the process for medicine reviews and medicines prescribed by secondary care.
- Review the use of the error log in the dispensary to ensure near miss errors are consistently recorded and reviewed to identify trends and potential risks

### Action the service SHOULD take to improve

- Continue to embed the process for significant events and ensure investigations are detailed and actions identified.

- Complete the review of the practice Infection control policy to ensure that it provides the appropriate guidance to staff.
- Complete an Infection control action plan to ensure all actions are completed and document cleaning spot checks carried out on a regular basis.
- Complete the infection control training for GPs who work at the practice.
- Update SOPs when processes within the dispensary are altered to ensure all staff are aware of their responsibilities.
- Ensure verbal complaints are documented and discussed as per the practice policy.

# Woolsthorpe Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Woolsthorpe Surgery

Woolsthorpe Surgery is based in the Vale of Belvoir at Woolsthorpe by Belvoir. It has approximately 1,350 patients. The practice's services are commissioned by SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The practice are the smallest surgery within the CCG and pride themselves on being friendly and approachable.

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.

At Woolsthorpe Surgery the service is provided by two GP partners (male) and one salaried GP(female),one deputy practice manager, two practice nurses and three receptionists/dispensers

The practice is part of Vale Medical Group who have three locations registered with the Care Quality Commission (CQC):-

Long Clawson Medical Practice, The Surgery, The Sands, Long Clawson, Melton Mowbray, Leicestershire. LE14 4PA

The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial, Grantham, Lincolnshire. NG32 1QS

Woolsthorpe Surgery, Woolshorpe by Belvoir, Grantham, Lincs. NG32 1LX

The three practices are called the Vale Medical Group. The practice had a new website which had been redeveloped. [www.valemedicalgroup.nhs.uk](http://www.valemedicalgroup.nhs.uk). The new website was launched in conjunction with National Patient Participation Group week in June 2016. The website enables patients to find out a wealth of information about the healthcare services provided by the practice.

The location we inspected on 21 September 2016 was Woolsthorpe Surgery, Woolshorpe by Belvoir, Grantham, Lincs. NG32 1LX

Woolsthorpe Surgery and the dispensary were open between 8.30am to 1.30pm Monday to Friday and 2pm to 5.30pm Monday, Tuesday, Thursday and Friday. The practice were in discussions with NHS England in regard to remaining open during the lunchtime period.

The practice had an open access clinic from 9am to 11am every day with appointments with a GP, nurse, health care assistant and a phlebotomist.

GP appointments were available every afternoon from 3.30pm to 5.30pm Monday and Friday. GP appointments Tuesday and Thursday afternoon were available at the Stackyard Surgery. Wednesday afternoon when the practice was closed an emergency GP could be contacted.

Telephone consultations were available after morning surgery from 12 till 1pm. Home visits were also available on the day. Urgent appointments were also available for people that needed them.

The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Vale Medical Group locations. These appointments were for working patients who could not attend during normal opening hours.

# Detailed findings

The practice 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. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

## 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 September 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

- Reviewed 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 a system in place for reporting and recording significant events.

- We saw that the practice had carried out a brief analysis of the significant events we looked at. We found that they had been reviewed in a timely manner but the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented. We were able to review minutes of meetings where these were discussed. Lessons were shared to make sure actions were taken to improve safety to patients but these needed to be evidenced more clearly. For example, an unsheathed needle found in the treatment room.
- An error log was in use in the dispensary which included near miss errors although these errors had not been recorded historically which meant that trends could not be identified and monitored. However on the day of the inspection we saw an error reporting audit had identified this and a new system was now in place. Three dispensary significant events had been recorded and investigated.
- 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 an analysis of the significant events on a yearly basis.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where

these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, Sepsis and an alert for patients with kidney disease.

- We saw evidence of medicine recalls being seen and actioned by dispensary staff; an electronic log was kept of all alerts and recalls received.

### Overview of safety systems and processes

The practice had 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 and nurses to Level 2. Staff we spoke with were able to describe their responsibilities under child and adult safeguarding.
- 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)
- 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. At the inspection we were told that the practice had replaced their external cleaning team in July 2016 to ensure high standards of cleanliness at the practice. We were told they carried out visual spot checks on a regularly basis and spoke to the cleaning company if any areas of concern were identified. However we did not see any documentation to confirm that these spot checks took place. There was an infection control

## Are services safe?

protocol in place which needed to be updated to ensure that if provided full guidance to staff on all areas of infection control. We spoke with the management team who told us they would contact the infection control lead at the local council and ask for the most up to date guidance. Most staff had received up to date training. Infection control audits were undertaken on quarterly basis and actions were identified. No action plan had been put in place but we saw evidence that action was taken to address some of the improvements identified as a result.

- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. In line with guidance nurses obtained authorisation from the prescribers prior to administering travel vaccinations as there were no PGDs currently in place for these vaccinations
- There was a superintendent pharmacist and a named GP responsible for the dispensary. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice conducted an annual audit of aspects of the dispensing process and was able to show evidence of an error audit that had resulted in recommendations to address lack of recording of near-miss errors.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and monthly checks of stock levels were undertaken and recorded. We saw that two stock discrepancies involving controlled drugs had been recorded and fully investigated although they had not been taken through the surgery's significant event process. The practice agreed to expand the scope of significant events to include this type of incident.
- Standard operating procedures (SOPs - these are written instructions about how to safely dispense medicines) were in place and reviewed annually in line with guidance to ensure staff were aware of their responsibilities in the dispensary. Staff told us that SOPs were also reviewed in response to incidents although the monitored dosage packing SOP had not yet been updated to reflect changes to this process following a significant event in August 2016.
- Medicines were scanned using a barcode system prior to labelling to help reduce dispensing errors, and controlled drugs were checked by a second dispenser before being given to patients.
- We saw that the process for ensuring medication reviews were conducted and recorded was not effective. We identified patients whose review date on their prescription was several months ago and the system described by staff for highlighting this to patients and prescribers was not routinely followed. On examining the record of a patient whose review date had passed we saw that, although chronic disease management reviews had been undertaken, no mention was made of medicines taken for other conditions. Specific safety advice related to one of these medicines was not documented as having been passed on to the patient. Concerns were shared with the clinical team and it was recognised this system needed addressing to improve patient safety. Following the inspection the practice provided us with a protocol they intended to adopt in relation to medication reviews and GP assurance
- Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- Records confirmed that medicines in the dispensary were checked regularly to ensure they were within their expiry date. All stock checked in the dispensary was in date. Medicines in the dispensary were stored securely and were only accessible to authorised staff.
- Fridge temperature checks were carried out daily which ensured medicines, including vaccines, were stored at the appropriate temperature. Staff were able to describe the action to take in the event of fridge failure. Due to a recent significant event at another location the practice had updated their cold chain policy and implemented a more effective system for the reading and recording of refrigerator temperatures at all three locations registered with the Care Quality Commission (CQC).
- There was a 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. Appropriate action was taken based on the results.

## Are services safe?

However where medicines were being prescribed by secondary care we saw evidence that the health care professionals in the practice were not always alerted to this

- The dispensary staff were able to give examples of offering reasonable adjustments to the dispensing process to support patients to take their medicines. They produced weekly monitored dosage systems for patients assessed by the GPs as potentially benefitting from this service. Other labelling adjustments were also available if needed.
- The surgery offered a medicines delivery service to patients. We spoke to staff and saw documentation relating to this activity that ensured security and patient confidentiality was maintained
- 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.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills.
- 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).
- The practice had a variety of other individual risk assessments in place to monitor safety of the premises such as slips, trips and falls, manual handling electrical equipment, individual display screen equipment and window blind cords.

- The practice had carried a disability audit to assess how easy the practice made it for patients with a disability to use. The practice already had a doorbell for patient to alert staff, grab rails on the entrance to the building and movable ramps to enable patients in a wheelchair to enter the building. Following this audit the practice had plans to add a further grab rail to the outside of the building and will consider lowering the reception desk for patients who use a wheelchair.

### 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 in reception.
- 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. However we found that the box for the treatment of anaphylaxis did not contain a list of recommended medicines. We spoke with the management team who told us they would complete a list for staff to refer to.
- The practice had a comprehensive continuity planning and recovery toolkit in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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. For example, elderly care and dementia.
- The practice monitored that these guidelines were followed through 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 95.3% of the total number of points available, with 11.9% exception reporting which was 3.5% above CCG average and 2.7% above national average. (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).

The exception reporting for a number of QOF targets was below CCG and national average.

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.5% which was 0.2% above the CCG average and 1.1% above the national average. Exception reporting was 2.9% which was 2.3% below both the CCG average and national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was

87.7% which was 9.7% above the CCG average and 12.4% above the national average. Exception reporting was 28.8% which was 23.4% above the CCG average and 21.3% above national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82% which was 4% below the CCG average and 1.6% below the national average. Exception reporting was 7.9% which was 4% above the CCG average and 4.1% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 93.3% which was 4.4% above the CCG average and 3.5% the national average. Exception reporting was 16.7% which was 7.9% above the CCG average and 5.6% above the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82.8% which was 9.7% below the CCG average and 8.8% below the national average. Exception reporting was 4.2% which was 1% below both the CCG average and national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which was 10.39% above the CCG average and 16% above the national average. Exception reporting was 0% which was 7.3% below the CCG average and 8.3% below national average.

The practice was aware of all the areas where performance was not in line with national or CCG figures and the GPs told us they intended to address them. Since April 2016 they had changed the system for the recall of patients. They were now asking patients to attend once a year and have a full review of all long term conditions at the same appointment.

Exception reporting was undertaken by the partners at the practice. On the day of the inspection the partners were able to demonstrate a clear rationale for clinically appropriate exception reporting based upon national guidance.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- There had been eight audits completed in the last two years, two of these were completed clinical audits where the improvements made were implemented and monitored. For example, an audit of Atrial Fibrillation prevalence and Stroke Prophylaxis. The practice had a prevalence of 1.4% of the patients registered with the practice and 74% were being treated with an anticoagulant.
- All GPs who worked at the practice were antibiotic guardians. It is an initiative where GPs and patients work together to slow the spread of antibiotic resistance. GPs will discuss methods of controlling symptoms rather than prescribing antibiotics where possible and in line with national guidance.

We saw that the practice had been proactive in response to the Surviving Sepsis Campaign. The GPs had downloaded the Surviving Sepsis Campaign App for their Smartphones. This enabled them to have a screening tool to assist them in the identification of patients with sepsis and offered easy access to national Surviving Sepsis Campaign guidelines and website.

- The practice were supporting the Royal College of Physicians (RCGP) initiative on autistic spectrum disorders. The practice had a higher number of children with autism in comparison to the other two practices in the Vale Medical Group. This initiative had enhanced the autism awareness of clinical staff within the practice so that the healthcare experiences of people on the autistic spectrum could be improved.

### Effective staffing

- 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.
- 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 attending CCG updates.

- Staff had access to training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring, informal clinical supervision and facilitation and support for revalidating GPs. Staff whose files we looked had received an appraisal within the last 12 months.
- Dispensary staff were supported to access mandatory and role specific training. This included supporting one of the dispensers to study for their NVQ level 3 qualifications which would enable them to join the professional register as a pharmacy technician. This is beyond what would be considered best practice within a dispensing doctors business and demonstrated a commitment to improving quality of service within the dispensary.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually by the superintendent pharmacist.
- The practice had a training matrix in place to identify when training was due which enabled the practice manager to be assured that all their learning needs of staff had been identified. We saw that staff had access to and most had made use of e-learning training modules and in house training. This training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- The practice had protected learning time every two months. These dedicated training sessions allow GP practice staff the opportunity to close for the afternoon to learn about the most up to date information on particular subjects which underpin the key priorities for healthcare. For example, antibiotic prescribing, updates on infection control and staff 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

# Are services effective?

(for example, treatment is effective)

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.

- The care co-ordinator worked closely with the Neighbourhood Team (a CCG initiative) who identified those most at risk of health and social care problems. The team decide how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The team brought together local health and social care professionals from different specialties (who may have been looking after the same patient individually) into a single patient-focused team.

## 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.
- We saw evidence of consent for patients who had undergone cervical screening and minor surgery.
- 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.

## 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.
- The practice's uptake for the cervical screening programme was 80% which was above the CCG average of 78% and the national average of 74%. We asked the practice what was the process to remind patients who did not attend for their cervical screening test. They told us and we saw that there was a pop up alert on the patient electronic record to remind staff to ask the patient if they rang or attended the practice.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 58% of those eligible for bowel screening which was slightly below the CCG average of 61% and national average of 60%. The practice had an uptake of 76% of those eligible for breast screening which was the same as the CCG average of 76% but above the national average of 70%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates were 100% for the vaccinations given to under two and five year olds.
- 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.

# 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.

- A privacy Screen was provided at the practice and was taken into 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 14 patient Care Quality Commission comment cards we received were positive about the service experienced. All the comments cards we reviewed told us that the practice provided an excellent and professional service. Staff were caring, respectful and very helpful and treated patients with dignity.

We spoke with a member of the patient participation group (PPG). They also told us they were extremely satisfied with the care provided by the practice. The practice was family friendly and the staff were very good and established very good relationships with patients, in particular, the elderly. Comment cards 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 97% 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%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

Comments cards we reviewed told us that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and well supported. Sufficient time was given 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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 a policy that provided guidance to staff.

## Are services caring?

- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as

carers (2.3% of the practice list). There was a carer's board in the reception area with written information available to direct them to the various avenues of support available to them.

Staff told us and we saw evidence that if families had suffered bereavement, their usual GP contacted them by letter. The letter 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 worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Open access appointments along with pre-booked appointments were available every weekday morning.
- The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments were 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 available which included a disabled toilet. The practice had identified in their disability audit that there was no cord to pull in an emergency. They had plans to discuss this at the next team meeting.
- The practice provide support to Dove Cottage Day Hospice. This is a hospice which provides palliative day care to those people living in NE Leicestershire, Rutland and SE Nottinghamshire. One of the GPs runs a bi-annual fund raising quiz to raise funds for patients who attend this day hospice.
- The practice worked closely with the Neighbourhood Team (A CCG initiative) who identified those most at risk of health and social care problems and decide how best to manage their needs, with the patient being at the centre of that decision making process wherever

possible. The team brought together local health and social care professionals from different specialties (who may have been looking after the same patient individually) into a single patient-focused team.

### Access to the service

Woolsthorpe Surgery and the dispensary were open between 8.30am to 1.30pm Monday to Friday and 2pm to 5.30pm Monday, Tuesday, Thursday and Friday. The practice were in discussions with NHS England in regard to remaining open during the lunchtime period.

The practice had an open access clinic from 9am to 11am every day with appointments with a GP, nurse, health care assistant and a phlebotomist.

GP appointments were available every afternoon from 3.30pm to 5.30pm Monday and Friday. GP appointments Tuesday and Thursday afternoon were available at the Stackyard Surgery. Wednesday afternoon when the practice was closed an emergency GP could be contacted.

Telephone consultations were available after morning surgery from 12 till 1pm. Home visits were also available on the day. Urgent appointments were also available for people that needed them.

The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Vale Medical Group locations. These appointments were for working patients who could not attend during normal opening hours.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Comments cards we reviewed on the day of the inspection told us that patients 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

# Are services responsive to people's needs?

(for example, to feedback?)

- 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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was available on the practice website and in a complaints summary leaflet available in the reception area.
- Vale Medical Group had received four written complaints in the last 12 months but none were in relation to the Woolsthorpe Surgery. However the practice we looked at two complaints which the practice had received and responded to since April 2016. We found these had been satisfactorily handled with openness and transparency and apologies had been given when necessary.
- We looked at clinical meeting minutes for 6th July 2016 and found that a verbal complaint had not been documented and added to the complaints log. For example, in respect of a verbally abusive patient. We spoke with the management team who told us they still needed to improve the system for the recording of verbal complaints to ensure they were able to identify themes and trends.
- Lessons were learnt from these concerns and complaints and action had been taken to as a result to improve the quality of care. For example, the practice planned to review their approach for the prescribing of antibiotics in patients who attend with dental problems.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

Woolsthorpe Surgery is one of three locations in Vale Medical Group. The group are committed to preserve and enhance its good reputation for being caring and innovative GP practices.

The practice had strategy and supporting business plans in place which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some outstanding issues in regard to infection prevention and control. For example, a review of the infection control policy, documentation of cleaning spot checks and completion of infection control training for all GPs who work at the practice.
- We found that the process for medicine review should be fully embedded and facilitate face to face review of all medicines where appropriate.
- The process for medicines prescribed by secondary care were not always on the patient electronic record screen and an alert in place.
- We found that the error log in place did not always ensure that near miss errors were consistently recorded and reviewed to identify trends and potential risks.

- Verbal complaints were not always documented and discussed as per the practice policy.
- There were effective arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP partners and management team in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they provided a tradition of caring in which they prioritised safe, high quality and compassionate care. Staff told us the management team 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 GP 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 did not always keep 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 and we saw evidence that the practice held regular team meetings.
- The superintendent pharmacist employed by the group attended clinical meetings and disseminated relevant information to dispensary staff. We saw that regular dispensary meetings across all three sites were planned but had not yet commenced.
- 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 by the GP partners and management team at Vale Medical Group. Staff were involved in discussions about how to

# Are services well-led?

Requires improvement 

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

run and develop the practice, and the management team 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), Family and Friends Testing (FFT) and through surveys and complaints received.
- The PPG at the Woolsthorpe Surgery had met on a regular basis but had recently amalgamated with the PPGs from Long Clawson and the Stackyard surgery and were now called the Vale Medical Group PPG. They met and discussed areas that they could support the practice to improve. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the production of practice guides for local and national support groups to provide patients with information on who to contact for support and discussions about the patients who do not attend for appointments (DNA's).
- The practice had undertaken a review of the January 2016 national patient survey. The results were positive. The areas of concern raised by patients was in regard to Saturday opening times and booking of appointments on line. The practice had an action plan in place to display hours of Saturday opening times, reception staff to actively offer Saturday appointments and promote the online services by displays in the waiting room and information on new patient registration forms.
- The practice encourages on-going feedback from patients and staff and audit the quality of care they provide. It had undertaken a review of patient feedback from a patient survey completed in 2013. The survey had been undertaken shortly after the practice were taken over by new GP partners. Overall the results were positive.
- 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.

- The practice had relaunched its website in conjunction with National Patient Participation Group week in June 2016. It was easy to access and had information and provided patients with a wide range of information on the services provided and links to other organisations who offered health advice and support.
- The practice engaged with the wider community. They had a Patient Participation Group (PPG) Health fair planned for October 2016 in conjunction with the other practice surgeries at Long Clawson and Stackyard Surgery. Its focus will be on health promotion and there will be exhibitors there in preventing illness and promoting healthy lifestyles.

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  <b>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</b>  This was in breach of regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.