

Merton Lodge 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 carried out an announced comprehensive inspection at Merton Lodge Surgery on 18 February 2016. Overall the practice is rated as good.

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

- The majority of staff we spoke with understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. However we found that some staff were reluctant to report serious events as they had a perception that it would lead to disciplinary action.
- Risks to patients were assessed. However we found that where risks had been identified and action was required, no remedial action had been taken.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was an ongoing program of clinical audit aimed at improving patient safety and care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was readily available and easy to understand.
- 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.
- Medicines management was generally good, however there were issues with the secure storage of prescription pads and access to medicines.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must ;

- The provider must follow nationally accepted guidance on the secure storage of prescriptions.
- Ensure that where identified risks to the safety of patients and others have been identified, appropriate action is taken to mitigate those risks.

In addition the provider should;

- Review the security of medicines storage.
- Review the dispensing procedure to reflect current practice and to align with the practice standard operation procedures.
- Ensure that an open culture with regard to the reporting of dispensing errors and serious events is embedded throughout the practice.

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. Staff generally understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. However other staff we spoke with were reluctant to report serious events as they held a perception that it would result in disciplinary proceedings. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients and others were assessed. However we found that where actions to mitigate risks had been deemed necessary no such action had been taken.

Medicines were generally well managed, although we found that there was unrestricted staff access to the dispensary and prescription pads were not securely stored.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patient satisfaction for all aspects of care were comparable to national and local averages. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice was pro-active in providing support for carers through a number of measures including customised appointment times, home visits where necessary and local carers support services.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP, with urgent appointments 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 easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. It employed two health support workers to manage the needs of this group of patients with special emphasis on avoiding unplanned and avoidable admissions

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Sexual health and contraceptive advice was available. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered, include on-line booking of appointments and repeat prescriptions to ensure these were accessible, flexible and offered continuity of

Good



Summary of findings

care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Appointments for working patients were provided at a time that made it possible for them to attend.

People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

The practice, in conjunction with the Alzheimer's Society had set up a Dementia Support Group to support dementia sufferers and carers. All staff had taken part in the dementia friends program.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results available showed the practice was performing in line with local and national averages. A total of 257 forms were distributed. There were 135 responses and a response rate of 53%.

- 76% of respondents said they found it easy to get through to this surgery by phone compared with a CCG average of 61% and national average of 73%.
- 91% said the last appointment they got was convenient compared with a CCG and national average of 92%.
- 69% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 76% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 72% and national average of 76%.

During the course of the inspection we spoke with six patients who praised the standard of care and personal approach to healthcare provided by the practice.

Areas for improvement

Action the service **MUST** take to improve

- The provider must follow nationally accepted guidance on the secure storage of prescriptions.
- Ensure that where identified risks to the safety of patients and others have been identified, appropriate action is taken to mitigate those risks.

Action the service **SHOULD** take to improve

- Review the security of medicines storage.

- Review the dispensing procedure to reflect current practice and to align with the practice standard operation procedures.
- Ensure that an open culture with regard to the reporting of dispensing errors and serious events is embedded throughout the practice.

Merton Lodge 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, a practice manager specialist advisor, a nurse specialist advisor and a pharmacist specialist.

Background to Merton Lodge Surgery

Merton Lodge Surgery provides primary medical care for approximately 7,500 patients living in the small market town of Alford and surrounds. It is located some 36 miles from the City of Lincoln and 7 miles from Mablethorpe. Public transport is poor.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

The practice had a higher number of older people aged between 50 and 79 on the patient list than the national average. 29 % of patients were aged 65 or over compared to the national average of 16.7%. It has a lower than average number of younger people on the patient list.

Care and treatment is provided by three partner and one salaried GPs, two nurse practitioners, two practice nurses, and five healthcare assistants. They are supported by a team of dispensers, receptionists and administration staff. One GP is female and two are male. In addition two health support managers are employed to lead on unplanned admissions and to meet the healthcare needs of older people. Whole time equivalent was 3.4 GPs.

It is a dispensing practice, and dispenses to 40% of its patients.

The surgery is open between 8am and 7pm Monday to Friday. Appointments are available from 8.30am to 6.40pm.

When the surgery is closed GP out-of hours services are provided by provided by Lincolnshire Community Health Services NHS Trust which can be contacted via NHS111.

Why we carried out this inspection

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

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

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

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

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 February 2016. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administration and reception staff. We spoke with a member of the patient participation group and six patients.

Are services safe?

Our findings

Safe track record and learning

- There was a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- We looked at the records of four significant events that had occurred in the preceding 12 months. We found them to have been well recorded with good evidence gathering and analysis. However we found that some staff were reluctant to report serious events as they had a perception that it would lead to disciplinary action.
- Any actions or learning was clearly defined and was discussed at the practice monthly meeting attended by GPs and clinicians. Other staff would only be informed if the serious event directly related to them.
- Patient safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. A GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Patients who were subject of safeguarding had it denoted on their patient record to highlight the fact to staff. Safeguarding was a standing agenda item at practice meetings.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Nurses and non-clinicians who acted as chaperones were trained for the role and had received an enhanced disclosure and barring check (DBS). (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).

- There was a 'Whistleblowing' policy in place and staff we spoke with were aware of it. We noted that the policy contained contact numbers for external agencies to whom any concerns could be reported.
- Arrangements for managing medicines were checked at the practice. The practice had appropriate written standard operating procedures (SOP's) in place which covered most aspects of the dispensing process. Prescriptions were signed after medication was dispensed but before the medication was given to the patient. This process was contrary to the standard operating procedure.
- Systems were in place to check expiry dates of dispensary stock and all medicines we checked was within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. There was a process in place to ensure patients were advised of review dates and reauthorisation of repeat prescriptions was only actioned by clinicians. 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.
- There was no written process covering refrigerator monitoring including information to be followed in the case of temperatures being outside the expected range.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. There were appropriate arrangements in place for their destruction and clear records were kept.
- Members of staff involved in the dispensing process had initially received appropriate training but no formal training was offered or arranged on an on-going or regular basis for this group of staff. We saw evidence that dispensary staff had a competency assessment completed annually. The practice signed up to the

Are services safe?

Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service maintained and an audit completed by the practice manager was seen.

- We saw evidence that near misses were being logged in a notebook but there was no formal reporting process in place and no meaningful action plan was recorded to prevent the errors from happening again. As a result we saw evidence that the same type of error had occurred a number of times in the last year. Some staff we spoke with were fearful of errors they were involved in would be escalated to a significant event and felt that it would result in disciplinary action. This demonstrated a culture where error reporting was not encouraged.
- Dispensary staff told us that they responded appropriately to national patient safety alerts but there were no records of the action taken in response to these.
- The practice did not have a system in place to track blank prescriptions throughout the practice and monitor their use and identify if forms had been lost or stolen. Forms were not stored securely in line with national guidance. Blank prescription forms were kept in a stationary cupboard to which all staff members had access.
- Access to the dispensary was not restricted and all members of staff had a way to access the dispensary regardless of their role at the practice. As a result, we were not assured that medicines were only accessible to authorised staff.
- Although we saw that the temperature of fridges used to store medicines was being monitored and recorded, there was no process in place to assure the provider that temperatures remained within range for example at weekends and public holidays. We brought this to the attention of the partners who assured us that they would acquire data loggers to record fridge temperatures.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and that regular risk assessments were made of

treatment rooms in respect of infection control. We saw that infection prevention and control measures were well imbedded and were given high priority within the practice.

- Recruitment checks were carried out. We reviewed the files of GPs and members of staff and noted that appropriate recruitment checks had been undertaken prior to employment. All members of staff, whether clinical or non-clinical were subject to a DBS check prior to commencing employment.
- All clinical staff had appropriate General Medical Council or Nursing and Midwifery Council registrations.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Although we found that the practice had undertaken risk assessment in such areas as fire safety, the risk from legionella and health and safety assessment it was evident that in some cases no action had been taken to mitigate identified risk. Likewise we saw that a fire risk assessment had been completed in March 2015 which identified risks that required immediate actions to be taken. No action had been taken to mitigate these risks.

Arrangements to deal with 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. The practice had a defibrillator and oxygen for use in a medical emergency.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines for use in a medical emergency were in date and fit for use.

The practice had a comprehensive and informative business continuity plan in place for major incidents such as power failure, loss of telephony services or extreme weather conditions.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The guidance was available on the practice computer system and also discussed at practice meetings.

Management, monitoring and improving outcomes for people

- The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.
- Current results were 98.8% of the total number of points available, which was 4.6% higher than the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed; Performance for diabetes related indicators was comparable to the 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 140/80 mmHg or less was 90% compared to the national average of 78%.
- 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 96% compared to the national average of 88%.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Audits subjects had included diabetes and warfarin prescribing.
- These were completed audits where the improvements made were implemented and monitored.

- GP led on the management of patients with long term conditions such as diabetes, cardiovascular problems, asthma, chronic kidney disease and chronic pulmonary obstructive disease.
- In addition the practice undertook recalls for conditions not covered by the Quality Outcomes Framework such as pre-diabetes and suspected asthma.
- A member of staff was responsible for identifying from the computer system those patients due a review. If they did not attend their appointment they contacted them to re-book or seek a reason why they did not wish to attend.

Effective staffing

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

- The learning needs of staff were identified through a reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice.
- We found that there was a thorough system of supervision and appraisal. Staff told us they received an annual appraisal of their performance and we looked at some records that's showed this to be the case.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to training modules and in-house and external training resources.
- The practice had employed two Health Care Managers, to meet the healthcare needs of the over 75s.

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, SystemOne and their intranet system. This included care and risk assessments, care plans, medical records and test results.
- Incoming clinical mail and pathology results were dealt with by a GP on the day of receipt.

Are services effective?

(for example, treatment is effective)

- Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
 - The practice provided a range of health promotion and advice material both in paper format at the surgery and also on its website.
 - Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, and when they were referred, or after they are discharged from hospital.
 - The practice operated a policy of ensuring that when patients were referred to other healthcare providers through the choose and book system, clinicians completed the process during the consultation. This allowed patients a genuine choice of secondary care and an arranged appointment before leaving the consultation.
 - Multi-disciplinary meetings took place and included GPs, community nurses and Macmillan nurses.
- Consent to care and treatment**
- Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.
 - We saw that patients consent to treatment was recorded on the patient record.
- Health promotion and prevention**
- Patients who may be in need of extra support were identified by the practice. These included, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
 - Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.
 - The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 76% which was comparable to both the CCG and national average .
 - The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Rates for all screening was comparable to national averages.
 - Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under 12 months old ranged from 86% to 94% and five year olds from 75% to 98%.
 - Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
 - All patients aged 75 or over were invited in for an annual screening assessment.
 - The practice website contained relevant and up to date health advice, for example information regarding the zika virus.
 - The practice had 57 patients on its mental health register all of whom had been invited in for a physical health review. All were sent two reminders if they did not respond to the initial invitation.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Patients we spoke with 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 the Chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Its satisfaction scores on consultations with doctors and nurses were comparable to national averages. For example:

- 85% said the GP was good at listening to them compared to the national average of 89%.
- 80% said the GP gave them enough time compared to the national average of 87%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 78% with a preferred GP usually got to see or speak to that GP compared with a national average of 60%.

Care planning and involvement in decisions about care and treatment

Patient feedback indicated that 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 national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations, including the Lincolnshire Carers and Young Carers Partnership.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.
- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals. We viewed records of the meetings.
- All staff and GPs were sent an internal message notifying them if a patient had died. A member of the district nursing team paid a visit to bereaved relatives.
- The practice was pro-active in identifying and supporting carers. The practice had 123 carers coded on the clinical system. All carers are offered a flu jab and are flexible on appointments to meet their needs. Carers are identified through registration checks.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice was equipped to meet the needs of patients and others with restricted mobility for example wheelchair users. A stair lift was available to enable patients to access the treatment rooms on the first floor but the partners told us that ideally they would like a lift. However the restricted space and structure of the building made this impossible. Where patients did not wish to use the stair lift, they were seen in a ground floor treatment room.
- Information on translation services was displayed and reception staff we spoke with were aware that translation services information was easily available in a variety of languages should the need arise. They also had access to signing for the deaf.
- The practice had employed two health support managers are employed to lead on unplanned admissions and to meet the healthcare needs of the over 75's. Both were employed on a part time basis and were band 6 community nurses. They worked on reducing the numbers of unplanned admissions for patients in this age group, helped to formulate care plans and undertook home visits. We saw evidence and case studies that showed how the service had prevented several admissions.
- In conjunction with the Alzheimer's Society, and with funding for the practice, Lincolnshire Carers and Young Carers Partnership and the local Rotary and Lions clubs, a Dementia Support Group had been established to provide support for both patients and carers. This included twice monthly meetings and was instigated by one of the practice nurses.
- All staff at the practice had taken part in the 'Dementia Friends' program.

Access to the service

- The surgery was open 8am to 6.30pm Monday and Friday. Extended hours provided GP appointments from 6.30pm to 7pm daily.

- Urgent appointments were available from 6pm daily for working people who would otherwise find it difficult to attend for a consultation.
- The practice offered a daily walk-in clinic and any patient who arrived before 11am was seen that day.
- The practice utilised SystemOnline that allowed patients to book appointments, order repeat prescriptions and view their medical record on-line and at a time convenient to the patient.
- In the out-of-hours period primary medical services were provided by Lincolnshire Community Health Services NHS Trust via the NHS 111 telephone system. The practice website clearly described the action they should take in the out-of-hours period.
- We looked at appointment availability and saw that the next pre-bookable GP and nurse practitioner appointments were three working days hence. The next nurse appointment was two working days.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded national averages. For example:

- 76% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 69% of patients described their experience of making an appointment as good compared to the national average of 73%.
- 85% of patients stated that the last time they wanted to see a GP or nurse they were able to get an appointment compared with the national average of 76%.
- 79% of patients said they would recommend the practice to someone new to the area compared to the national average of 79%.
- 60% of patients were satisfied with the practice's opening hours compared to the national average of 75%. None of the patients we spoke with raised this as an issue.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and

Are services responsive to people's needs? (for example, to feedback?)

procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system e.g. posters displayed and the practice information leaflet. Complaints information was accessible on the practice website.

- We looked at the 15 complaints (six written and nine verbal) that had been received over a period of 12 months and found they had been satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complainant.

Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings where they were a standing agenda item.

Are services well-led?

Good 

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

Our findings

Vision and strategy

- The practice staff displayed a clear intention to deliver high quality care and promote good outcomes for patients.
- The practice had a strategy which reflected the vision and values.
- The partners had recognised that new housing developments in the town and surrounds were likely to have an impact on the demand for service with potentially up to 1,200 new patients. To meet the increased demand the practice was actively looking at ways of increasing capacity through an extension to the existing premises and alternatively a new build.
- The practice had been actively advertising for a new GP, either salaried or partner for over a year but had been unsuccessful in making an appointment. This was indicative of the GP recruitment problems faced by other practices in the area.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, although implementing mitigating actions was not always evident.

Leadership, openness and transparency

- The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice prioritised safe, high quality and compassionate care.
- The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.
- The practice encouraged a culture of openness and honesty.
- We saw evidence that monthly team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- 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, proactively gaining patients' feedback and engaging patients in the delivery of the service.
- The practice held a variety of meetings including receptionist, team leader, cleaners and dispensary meetings at which staff opinions and views were sought.
- There was an active patient participation group . We met with a member of the group who told us they saw their role as helping the practice to maintain and improve GP services. They told us they were well supported by the practice and were keen to extend their active membership. They told us how they had been successful in getting their local Member of Parliament to attend one of their meetings and had appraised her of the challenges facing the local healthcare landscape.

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 How the regulation was not being met: 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. They had failed to act to mitigate the risks identified in fire risk assessments. Nationally recognised guidance to ensure the security of prescriptions was not being followed. This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.