

# Lincoln House Surgery

## Quality Report

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Date of inspection visit: 14 December 2016  
Date of publication: 17/03/2017

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services 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 Lincoln House Surgery on 5 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report from the 5 April 2016 inspection can be found by selecting the 'all reports' link for Lincoln House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 - safe care and treatment.
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 - good governance.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 - staffing.

The areas identified as requiring improvement during our inspection in April 2016 were as follows:

- Ensure an appropriate system was in place for the safe use and management of medicines, medical consumables and prescriptions, including those used in an emergency.
- Ensure a plan of action to control and resolve risks identified by the Legionella risk assessment was completed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Ensure that a comprehensive business continuity plan was in place so that a service could be maintained in the event of a major incident.
- Ensure that staff who act as chaperones were appropriately trained.
- Ensure that all staff employed were receiving appropriate supervision and appraisal.

In addition, we told the provider they should:

- Ensure that all staff completed a formal programme of infection control training.
- Take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance were improved.
- Take steps to improve access to the practice by telephone.
- Continue to identify and support carers in its patient population.

# Summary of findings

We carried out an announced focused inspection on 14 December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting regulations that had previously been breached.

Overall the practice is now rated as good.

On this inspection we found:

- There were appropriate arrangements in place for the safe use and management of medicines, including emergency medicines, vaccines and medical consumables.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Appropriate Legionella management processes were in place.
- Arrangements were in place to respond to emergencies and major incidents.
- Staff who acted as chaperones were appropriately trained for the role.
- A programme was in place to ensure all staff received an appraisal on an annual basis.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- A programme of infection control training was in place and all staff had completed this.
- The practice discussed their below average satisfaction scores from the National GP Patient Survey published in January 2016. They demonstrated they had taken action to improve these including reducing the administration and managerial workload of the GPs and increasing the amount of patients accessing their online facilities such as appointment booking. The results from the National GP Patient Survey published in July 2016 showed improvement in all the areas previously of concern. The practice was now mostly performing in line with local and national averages. Senior staff at the practice were aware of any current areas of below average satisfaction scores and could demonstrate they were responding to it.
- Through additional training for some staff and a targeted approach the practice had increased the amount of carers identified in its patient population. As of December 2016 the practice had identified 145 patients on the practice list as carers. This was approximately 1.2% of the practice's patient list and was an increase of around 48% from our inspection in April 2016.

Following our inspection on 14 December 2016 the area where the provider should continue to make improvement is:

- Ensure that all non-clinical staff are supported by receiving appropriate supervision and appraisal.

**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?

At our comprehensive inspection on 5 April 2016, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. During our focused inspection on 14 December 2016 we found the provider had taken action to improve and the practice is rated as good for providing safe services.

- Staff who acted as chaperones were appropriately trained for the role.
- A programme of infection control training was in place and all staff had completed this.
- There were appropriate arrangements in place for the safe use and management of medicines, including emergency medicines, vaccines and medical consumables.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Appropriate Legionella management processes were in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place to respond to emergencies and major incidents.

Good



### Are services effective?

At our comprehensive inspection on 5 April 2016, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided effective services. During our focused inspection on 14 December 2016 we found the provider had taken action to improve and the practice is rated as good for providing effective services.

- A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the first annual programme of non-clinical staff appraisals was not fully completed. However, there were more than three months of the programme left and all staff had dates scheduled for their appraisals to be completed.

Good



### Are services well-led?

At our comprehensive inspection on 5 April 2016, we identified breaches of legal requirements. Improvements were needed to

Good



# Summary of findings

systems, processes and procedures to ensure the practice provided well-led services. During our focused inspection on 14 December 2016 we found the provider had taken action to improve and the practice is rated as good for providing well-led services.

- The governance framework in place ensured the implementation of and adherence to the practice's systems, processes and procedures.

# 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

At our focused inspection on 14 December 2016 we found the provider had resolved the concerns we identified under safe, effective and well-led services at our comprehensive inspection on 5 April 2016. This applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

At our focused inspection on 14 December 2016 we found the provider had resolved the concerns we identified under safe, effective and well-led services at our comprehensive inspection on 5 April 2016. This applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

At our focused inspection on 14 December 2016 we found the provider had resolved the concerns we identified under safe, effective and well-led services at our comprehensive inspection on 5 April 2016. This applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

At our focused inspection on 14 December 2016 we found the provider had resolved the concerns we identified under safe, effective and well-led services at our comprehensive inspection on 5 April 2016. This applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

At our focused inspection on 14 December 2016 we found the provider had resolved the concerns we identified under safe, effective and well-led services at our comprehensive inspection on 5 April 2016. This applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

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

At our focused inspection on 14 December 2016 we found the provider had resolved the concerns we identified under safe, effective and well-led services at our comprehensive inspection on 5 April 2016. This applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

**Good**



# Lincoln House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

## Background to Lincoln House Surgery

Lincoln House Surgery provides a range of primary medical services from its premises at 163 London Road, Hemel Hempstead, Hertfordshire, HP3 9SQ.

The practice serves a population of approximately 12,379. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 25 to 34 years and 45 to 59 years. There is a lower than average population of those aged from 0 to 24 years.

The clinical team includes three male and two female GP partners, two female salaried GPs, three practice nurses and one healthcare assistant. The team is supported by a practice manager, a reception manager and 12 other administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is fully open (phones and doors) from 8.30am to 6.30pm Monday to Friday. There is extended opening from 7am every Monday and Tuesday and until 7.30pm once a week on a Monday or Tuesday in rotation. There is extended opening one Saturday each month from 9am to 11am for GP and nurse pre-bookable appointments.

Appointments are available from approximately 8.30am to 11.30am and 2pm to 4.30pm or 3.30pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

## Why we carried out this inspection

We undertook a comprehensive inspection of Lincoln House Surgery on 5 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 5 April 2016 can be found by selecting the 'all reports' link for Lincoln House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced follow up focused inspection of Lincoln House Surgery on 14 December 2016. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 5 April 2016. We carried out an announced focused inspection on 14 December 2016.



# Detailed findings

During our inspection we spoke with a range of staff including two GP partners, one salaried GP, one practice nurse, the practice manager and members of the reception and administration team.

# Are services safe?

## Our findings

### Overview of safety systems and processes

At our inspection on 5 April 2016 we found that none of the staff who acted as chaperones had received the appropriate training. Also, the arrangements for managing medicines, including emergency medicines and vaccines were insufficient. There was no documented system in place to record the amount and type of medicines (including vaccines) kept at the practice and check all medicines and medical consumables were in date. This included those kept in the doctors' bags. All the medicines (including vaccines) we checked in the treatment rooms were in date. However, we found 33 speculums that were beyond their expiry dates. We saw that one spray used to relieve Angina pain in one of the doctors' bags was out of date. Blank prescription pads and forms were not stored securely at all times. We saw blank forms were left in printers in rooms that were not locked when unattended. There was no system in place to ensure these prescription pads and forms were logged on arrival at the practice and monitored whilst on the premises. We told the provider they must make improvements.

There was no formal infection control training programme in place for all staff. Despite this, the staff we spoke with were knowledgeable about infection control processes relevant to their roles. We told the provider they should make improvements.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 14 December 2016 to check action had been taken to improve the medicines management processes in place and ensure staff received the appropriate chaperone and infection control training.

During our inspection on 14 December 2016 and from our conversations with staff and our review of training documentation we found that all staff who acted as chaperones were appropriately trained. A programme of infection control training was in place and all staff had completed this.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw that a

documented process was in place and adhered to for monitoring the stock levels and expiry dates of all vaccines and medicines at the practice. At the time of our inspection we saw the process was being extended to include all medical consumables. We checked 51 items of seven types of medicines and 17 items of medical consumables kept at the practice and found these were all within their expiry dates.

From our conversations with staff we found that medicines were no longer kept in doctors' bags. We saw that the practice's documented protocol reflected this. We looked in three doctors' bags and found they contained no medicines in adherence with the practice's protocol.

We saw that blank prescription forms and pads were securely stored and there were systems in place to monitor their use. This included monitoring of the forms and pads arriving at the practice and being distributed internally to the GPs. The GPs we spoke with were aware of how the systems worked, including removing blank prescription forms from the printers when the consultation rooms were unattended. We checked three consultation rooms and found blank prescription forms and pads were securely stored within the rooms.

### Monitoring risks to patients

At our inspection on 5 April 2016 we found that areas of risk identified by the practice's Legionella risk assessment completed in June 2015 had not been dealt with. For example, water temperature checks were not completed at the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We told the provider they must make improvements.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 14 December 2016 to check action had been taken to improve the Legionella management processes in place.

During our inspection on 14 December 2016 and from our conversations with staff and our review of documentation we found that most areas of risk identified by the Legionella risk assessment had been completed. Any remaining areas were in progress. We saw the boiler had been serviced and any remedial works to the water system

## Are services safe?

were completed. The practice now completed its own documented flushing of infrequently used outlets and water temperature checks. We saw that water temperatures were within the required levels.

### **Arrangements to deal with emergencies and major incidents**

At our inspection on 5 April 2016 we found that the emergency medicines available did not meet the requirements of the practice's own policy. For example, there was no Glucagon (a medicine which raises the levels of glucose in the bloodstream) in the emergency medicines despite being required by the policy. No risk assessments had been completed as to why these medicines were not available. Also, the practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan in place was basic and did not contain details of any formal or informal arrangements with other providers in the event of an emergency that prevented the practice operating properly. There were no emergency contact numbers for staff to use. We told the provider they must make improvements.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 14 December 2016 to check action had been taken to improve the arrangements in place to respond to emergencies and major incidents.

During our inspection on 14 December 2016 we saw the practice's protocol detailed all the emergency medicines the practice should have and was also used to record the quantity and expiry dates of those kept. We checked the emergency medicines kept at the practice and found these matched with the requirements of the protocol and included Glucagon. All the emergency medicines we checked were within their expiry dates.

We found the practice had a business continuity plan in place for major incidents such as power failure or building damage. Issued in July 2016, the plan detailed the arrangements in place in the event of an emergency that prevented the practice operating properly and included emergency contact numbers for staff to use.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective staffing

At our inspection on 5 April 2016 we found that the programme of appraisals for nursing staff was behind schedule and there was no programme of appraisals in place for non-clinical staff. We told the provider they must make improvements.

Following our request, the provider submitted an action plan informing us of the measures they would take to make

the necessary improvements. We inspected the practice again on 14 December 2016 to check action had been taken to improve the staff supervision and appraisal arrangements in place.

During our inspection on 14 December 2016 and from our conversations with staff and our review of documentation we found that all nursing staff had received an appraisal. Also, a newly implemented programme was in place to ensure that all non-clinical staff received an appraisal on an annual basis. We saw that 12 out of 14 non-clinical staff had completed their pre-appraisal documentation and five of these staff had received their full appraisal. We saw evidence to show the remaining staff all had dates scheduled for their appraisals to be completed by the end of December 2016.

# Are services well-led?

Good 

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

## Our findings

### Governance arrangements

At our inspection on 5 April 2016 we found the practice's governance framework was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures. These included:

- The arrangements to ensure staff were completing the essential training relevant to their roles including chaperone and infection control training.
- The management of medicines and security and monitoring of blank prescription pads and forms.
- The arrangements in place for the practice to respond to emergencies and major incidents.
- The management of risks identified by the Legionella risk assessment.
- The arrangements in place for staff supervision and appraisal.

We found there were areas of the National GP Patient Survey results published in January 2016 where the practice was unaware of its below average satisfaction scores and had no specific plans to address the issues. Also, the practice had identified less than 1% of the practice's patient list as carers.

In some areas we told the provider they must make improvements and in other areas we told them they should make improvements.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 14 December 2016 to check action had been taken to improve the governance arrangements in place at the practice.

During our inspection on 14 December 2016 and from our conversations with staff, our observations and our review of documentation we found that the practice's governance arrangements ensured the systems, processes and procedures that were previously insufficient or of concern were now implemented and adhered to.

Along with looking at systems and processes relating to how safe and effective the practice was we also looked at its response to areas around the January 2016 National GP Patient Survey below average satisfaction scores and the identification of carers in its patient population.

During our inspection on 14 December 2016 and from our conversations with staff and our review of documentation we found that senior staff at the practice had discussed the previously below average satisfaction scores and could demonstrate they had responded to it. The senior staff we spoke with said they felt the below average satisfaction scores for consultations with GPs were because of the previously high amount of non-clinical work the GPs were involved with such as management and administration. They told us non-clinical management and administration roles were now better utilised to provide comprehensive support in these areas and allow the GPs more time to focus on clinical time and patient issues.

In response to the practice's below average satisfaction score for access to the practice by phone, senior staff told us they had proactively promoted patient use of the online appointment booking facility. Information on this was distributed in all new patient registration packs. We saw notices informing patients of the online booking facility displayed around the practice. Data provided by the practice showed that as of June 2016, 37% of their patient list had registered for access to its online facilities. This was considerably above the national target minimum of 10%.

We looked at a report produced by the practice which showed that in the latest National GP Patient Survey published in July 2016 the practice had improved its satisfaction scores in 16 of the 23 areas compared to the January 2016 results. The results from the National GP Patient Survey published in July 2016 showed the practice was now mostly performing in line with local and national averages. For example:

- 86% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

We found that as of 6 December 2016 the practice had identified 145 patients on the practice list as carers. This

# Are services well-led?

Good 

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

was approximately 1.2% of the practice's patient list. Of those, 101 were invited for and 38 (26%) had accepted and received a health review between June and December 2016.

The senior staff we spoke with said that since April 2016, two members of non-clinical staff and two members of the Patient Participation Group (PPG) had received training from a representative of a local carers' support group to

assist them in identifying and approaching carers in their patient population. They told us that along with other efforts the practice had proactively contacted potential carers linked to patients on its end of life, dementia and learning disability registers to offer them support. From this and other methods, they had increased the identification of carers in their patient population by approximately 48% between April 2016 and December 2016.