

Burton Road 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Burton Road Surgery on 18 December 2015. Overall the practice is rated as requires improvement.

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

- There was an open and transparent system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and well managed, with the exception of those relating to Disclosure and Barring Service checks (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider was unable to provide evidence that staff acting as a chaperone had received the relevant training and there was no evidence that chaperones had a DBS check in place.

Summary of findings

- Data showed patient outcomes were low compared to the locality and nationally.
- Although some clinical audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure all clinical staff and those who have contact with vulnerable adults and children have a DBS check in place.
- Ensure all staff who act as a chaperone are competent to fulfil the role.

- Ensure chaperones have a DBS check in place or a policy or risk assessment in place to define the requirements for chaperones to have a DBS check.
- Carry out clinical audits and re-audits to improve patient outcomes.

In addition the provider should:

- Ensure all clinical staff are aware of the location of emergency drugs and the contents of the emergency drugs bag.
- Carry out a disability access audit to assess disabled access for patients and identify reasonable adjustment measures to be taken.
- Ensure appropriate records and evidence of staff training are held by the practice.
- Ensure the infection control lead receives an appropriate level of infection control training.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a risk assessment in place for the control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was no evidence of DBS checks for all members of staff.
- Staff acting as a chaperone had not attended relevant training.
- The infection control lead had not attended relevant training.
- There was a GP lead for safeguarding however there was no evidence of safeguarding training for the GP lead or staff who had contact with vulnerable adults and children.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff were provided with updates and were required to sign that they had read and understood them.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were lower than average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.

Summary of findings

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered telephone consultations with a GP for those patients who requested this.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Patients said they found it easy to make an appointment and were offered appointments at a time that suited them.
- There was a lead nurse for frail elderly patients and provided home visits on a weekly basis.
- There was a nurse led, walk-in, minor illness clinic which operated on a weekly basis. This service was provided by a nurse practitioner who was also a qualified nurse prescriber.
- The practice employed the services of locum GPs to ensure there was adequate appointment availability for patients.

Good



Are services well-led?

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

Good



Summary of findings

- The provider had taken over the contract for this practice on 1 July 2015 and were going through major transformational change. The provider attended monthly meetings with NHS England to monitor the progress of the contract.
- The provider and practice had a clear mission statement in place to run safe, caring, effective and responsive primary care services. To make a difference to the lives of people the practice serviced and to build resilience in local communities, working with patients, staff and stakeholders. 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

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 requires improvement for the care of older people. The provider was rated as good for being caring, responsive and well led. However it was rated as requires improvement for providing safe care and being effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had a nurse lead for frail elderly patients and carried out home visits for these patients on a weekly basis. The nurse lead also provided influenza vaccinations during home visits. Longer appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as good for being caring, responsive and well led. However it was rated as requires improvement for providing safe care and being effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management such as Diabetes and patients at risk of hospital admission were identified as a priority.
- Nursing staff provided home visits for patients.
- Longer appointments and home visits were available when needed.
- The percentage of patients with hypertension having regular blood pressure tests was 82.6% which was lower than national average of 83.65%.
- The practice provided an in-house smoking cessation service.
- Patients with a long-term condition had a named GP. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

for being caring, responsive and well led. However it was rated as requires improvement for providing safe care and being effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice's uptake for the cervical screening programme was 76.4%, which was lower than the national average of 81.83%.
- Appointments were not available outside of school hours.
- 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.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- There was a weekly antenatal clinic at the practice which was provided by a midwife.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as good for being caring, responsive and well led. However it was rated as requires improvement for providing safe care and being effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Although 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 did not offer extended opening hours.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as good for being caring, responsive and well led. However it was rated as requires improvement for providing safe care and being effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability and offered longer appointments for these patients.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for being caring, responsive and well led. However it was rated as requires improvement for providing safe care and being effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 340 survey forms were distributed and 74 were returned. This represented a 22% completion rate.

- 82% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients said that they were treated with dignity and respect and that staff were caring, helpful, friendly and professional. Patients also told us they felt listened to and they found it easy to obtain an appointment.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all clinical staff and those who have contact with vulnerable adults and children have a DBS check in place.
- Ensure all staff who act as a chaperone are competent to fulfil the role.
- Ensure chaperones have a DBS check in place or a policy or risk assessment in place to define the requirements for chaperones to have a DBS check.
- Carry out clinical audits and re-audits to improve patient outcomes.

Action the service **SHOULD** take to improve

- Ensure all clinical staff are aware of the location of emergency drugs and the contents of the emergency drugs bag.
- Carry out a disability access audit to assess disabled access for patients and identify reasonable adjustment measures to be taken.
- Ensure appropriate records and evidence of staff training are held by the practice.
- Ensure infection control lead receives an appropriate level of infection control training.

Burton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Burton Road Surgery

Burton Road Surgery provides primary medical services to approximately 2,223 patients in Lincoln.

Burton Road Surgery is a member of a group of four GP practices run by Universal Health Ltd who are a venture between Lincolnshire and District Medical Services and Lincolnshire Partnership NHS Foundation Trust. Universal Health Ltd took over the contract for this location on 1 July 2015. At the time of our inspection, Universal Health Ltd had recently completed a full workforce review and re-structure of the practice management structure and administrative and reception roles.

The practice faced closure when its contract with Lincolnshire Community Health Service (LCHS) was due to expire in March 2015. However, following a patient campaign 'save our surgery' and a consultation period, a five year contract was awarded to Universal Health Ltd.

The practice has a higher distribution of patients between the ages of 25-49 years and an even distribution of male/female patients.

At the time of our inspection the practice employed: A salaried GP, three locum GPs, a primary care manager, a nurse practitioner, a practice nurse, two receptionists and a health care support worker. The primary care manager was also supported by an interim practice manager.

The practice has an Alternative Provider Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice is one of four locations of which the provider is Universal Health Ltd, each location is registered separately with the Care Quality Commission (CQC), the address for this location is 181 Burton Road, Lincoln. Lincolnshire, LN1 3LT.

The practice is open from 8am to 6.30pm Monday to Friday. Pre-bookable appointments and on the day 'urgent' appointments are available. Pre-bookable appointments can be booked up to two weeks in advance. The practice provides telephone consultations for patients and a home visit service from both GPs and nurse practitioners. The practice offers on-line services for patients such as on-line appointment booking, ordering repeat prescriptions and electronic prescription service (EPS).

The practice has an active patient participation group (PPG) who meet every four months. The PPG has approximately 12 members.

The practice is located close to the city centre of Lincoln and is located in a period terraced property. Due to its city centre location there was limited on street car parking available near to the practice.

The practice lies within the NHS Lincolnshire West Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health

Detailed findings

professionals to take on commissioning responsibilities for local health services. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 18 December 2015. During our visit we:

- Spoke with a range of staff including a GP, director of strategy, primary care manager, interim practice manager, nurse practitioner and members of the reception and administration team. We also spoke with patients who used the service including five members of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- 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.

- Staff told us they would inform the primary care manager of any incidents and there was a recording form available on the practice's computer system. Completed significant event records were taken to practice meetings for discussion. Staff told us significant events were discussed in practice meetings and staff were invited to attend.
- We saw evidence of a significant event report which contained information about all incidents reported, this report was made available to all practice staff.
- The practice carried out a thorough analysis of the significant events.

During our inspection we looked at four significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw evidence of meeting minutes where significant events were discussed. We also saw evidence of a significant event report dated March 2015 which was available to all practice staff. All significant events were reported to Lincolnshire West Clinical Commissioning Group (LWCCG). A member of the nursing team was able to give us an example of an incident of a sensitive nature involving a patient which had been reported to a GP and raised as a significant event. A discussion had taken place in a practice meeting regarding this incident and lessons were learned and shared with the whole practice team to ensure all staff understood the correct process to follow should this incident arise again in the future.

A nurse lead was responsible for the dissemination of national patient safety alert information and alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) directly in paper format to all clinical staff. Action was taken to improve safety in the practice. All staff were expected to sign that they had read and understood the alerts, we saw evidence of numerous alert records containing staff signatures.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 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. There was a GP lead that was responsible for safeguarding. The GP lead also delivered regular update training in-house to all practice staff, staff we spoke with confirmed this. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training relevant to their role however, we were unable to find evidence of safeguarding training during our inspection for staff who had contact with vulnerable adults and children including the Safeguarding lead.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperone information was also advertised on the practice website. All staff we spoke with who acted as a chaperone told us they had received training for the role however we were unable to find evidence of this training during our inspection. We were also unable to find evidence that all staff acting as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider told us this was due to limited training and DBS information which was available to them for staff employed at the time they took over the contract on 1 July 2015 from LCHS. We saw evidence of a chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place however the infection control lead had not received up to date training. Training had been planned and was due to take place shortly after our inspection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence of the last infection control audit. A monthly visual infection control inspection was carried out by the nurse lead. We saw evidence of monthly reports.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. A pharmacy assessment had been carried out by the chief pharmacist of Lincolnshire Partnership Foundation Trust (LPFT), a medicines management risk assessment had also been carried out by the provider 'Universal Health Ltd'.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body had been carried out however, we were unable to find evidence that all staff had received the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy which was accessible to all members of staff electronically. We observed that this policy was in date. There was a poster in the reception office which identified local health and safety representatives. A health and safety risk assessment had been carried out in September 2015.
- The practice had a fire risk assessment in place. The last fire drill was carried out in November 2015. All fire safety equipment had been serviced on an annual basis. We saw that fire equipment was last serviced in May 2015. A fire action plan was on display informing patients and staff what to do in the event of a fire. A fire inspection had been carried out in September 2015, we saw evidence of the inspection report. All staff had completed on-line fire training, we saw evidence that a receptionist had carried out training in March 2015. Staff we spoke with were able to explain the fire evacuation procedure.
- All electrical equipment was checked and was due to be re-tested in February 2016 to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly. During our inspection we saw that all clinical equipment was due to be re-checked in January 2016.
- We saw evidence of a five year fixed wire electrical test which had been carried out by an approved contractor in September 2013. The test results showed this was a 'satisfactory' assessment.
- A primary estates survey had been carried out of the premises in May 2015 which covered the structure, external fabric of the building and grounds.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety and infection control. The practice also had a risk assessment in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice participated in the 'violent patient scheme', during our inspection we saw evidence of a risk assessment in relation to the 'violent patients scheme' which was due to be implemented.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the

Are services safe?

different staffing groups to ensure that enough staff were on duty however the provider had recently undertaken a workforce review and at the time of our inspection there were vacancies which were being advertised including an administration lead and a receptionist. The primary care manager who was new to post at the time of our inspection was responsible for reviewing capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority. The primary care manager was also supported by an interim practice manager who had provided support to the practice for three months prior to our inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that this equipment was checked by a nurse on a regular basis to ensure it was fit for purpose. A member of staff told us that this equipment had recently been used in an emergency situation. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. However, not all clinical staff we spoke with were aware of the location or content of emergency medicines. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place which was in date and due to be reviewed in April 2016 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 peoples' needs. Staff were provided with updates from a nurse lead who was responsible for the dissemination of NICE guidance, staff were required to sign that they had read and understood them. We saw evidence of staff signature sheets.

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 showed that the practice had achieved 82.1% of the total number of points available, with 14.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with diabetes having regular blood pressure tests was 87.3% which was comparable to the CCG average of 87.7% and above the national average of 86.6%.
- The percentage of patients with hypertension having regular blood pressure tests was 82.6% which was lower than the CCG average of 90.7% and national average of 83.65%.
- Performance for mental health related indicators was 81.5% which was lower than the CCG average of 92.5%

and national average of 92.8%. (This figure included exception reporting rates across the seven mental health indicators which were between 23.1% and 33.3%).

We were unable to see evidence of regular clinical audits during our inspection. We saw evidence of two prescribing audits which had been carried out prior to Universal Health Ltd taking over the contract for this practice in July 2015. However no further audits had been carried out. There was no audit schedule in place however, the provider told us they would be implementing a robust audit schedule as a priority as part of their future development plans for this practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence of a comprehensive staff handbook for all new employees.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings and appraisals. All staff we spoke with told us they had received an appraisal within the last 12 months. All staff had received a one to one meeting after the provider took over the contract for the practice on 1 July 2015.
- Staff told us they had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to

Are services effective?

(for example, treatment is effective)

and made use of e-learning training modules and in-house training. However, the provider was only able to provide limited evidence of training records for staff prior to taking over the contract for this practice on 1 July 2015.

- At the time of our inspection, the practice had gone through a major workforce review, the practice were in the process of recruiting additional staff including a lead administrator, a receptionist and an apprentice to provide reception and administration duties, to ensure adequate and safe staffing levels were in place.

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, 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.
- The practice provided regular smoking cessation clinics.

The practice's uptake for the cervical screening programme was 76.4% which was lower than the national average of 81.83%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, listened to them, were caring and treated them with dignity and respect.

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

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

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 89%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91 %).
- 99% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 95% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. This was a telephone translation service called 'The Big Word'. Face to face services were also provided by 'Prestige Network'. We saw notices in the reception areas informing patients these services were available.

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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them, this included information for young carers.

Are services caring?

The practice referred patients and families who had suffered bereavement to local bereavement services

provided by a local hospice. Patient consultations were offered at a flexible time and location to meet the patient/family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Telephone consultations were provided for those who requested this.
- Home visits were provided by members of the nursing team for patients suffering with a long term health condition. Nurses also administered influenza vaccinations for these patients if required.
- A nurse lead supported frail elderly patients and provided home visits on a weekly basis.
- There was a nurse led walk-in, minor illness clinic which operated on a weekly basis.
- Same day appointments were available for children and those with serious medical conditions.
- 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.
- A hearing loop, translation and sign language services were available.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- There was various health promotion information available to patients in the waiting room.
- Patient information leaflets were available in different formats including different languages, Braille, audio and large print.
- There was a patient information folder in the waiting room containing various information about the practice.

Due to the practice providing services from a period terraced property, there were limitations to disability access, for example, the patient toilet was not adequate for disabled persons or those using a wheelchair. There was however a ramp on the entrance to the practice with hand railing. The entrance doors were not fitted with automated door openers although the reception staff were located close to the main entrance and were able to see patients

approaching the front door should they have required help in opening the front door. All consulting rooms were located on the ground floor to ensure disabled persons and those with mobility problems could access consulting rooms easily.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with a GP were available from 9am until 11.25am followed by telephone consultation appointments. Appointments were available from 3pm until 5.25pm followed by telephone consultation appointments. Extended surgery hours were not available. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice also provided a home visit service for patients from GPs and nurses. The practice offered on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 82% of patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 84% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).
- 93% of patients were able to get an appointment to see or speak with someone the last time they tried (CCG average 87%, national average 85%).

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

Listening and learning from concerns and complaints

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

- The practice had a complaints policy in place however, the complaints policy and process had been reviewed and updated and a new comprehensive policy and patient information leaflet had been produced in November 2015. At the time of our inspection, this policy

Are services responsive to people's needs?

(for example, to feedback?)

and leaflet was in draft format and was awaiting approval by the board of directors before being published to staff and patients. We saw evidence of this during our inspection and the 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 in a patient information folder which was located in the waiting room. Information was also available on the practice website. Patients we spoke with understood the complaints procedure.

- We looked at one complaint received in the last 12 months and found this complaint was satisfactorily handled and dealt with in a timely way, we saw evidence of a written acknowledgement sent to the patient and an apology given where necessary.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The provider had taken over the contract for this practice on 1 July 2015 and were going through major transformational change. The provider attended monthly meetings with NHS England to monitor the progress of the contract.
- The provider and practice had a clear mission statement in place to run safe, caring, effective and responsive primary care services. To make a difference to the lives of people the practice serviced and to build resilience in local communities, working with patients, staff and stakeholders.
- The provider told us that staff morale was low due to the practice going through major transformational change, a full workforce review and recent staffing changes. However, staff we spoke with knew and understood the vision and values of the practice and the provider.

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:

- The provider had a board of directors in place. There was a GP lead in place for the practice. This GP was also a member of the board of directors.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The provider had recently completed a workforce review and new non-clinical staffing structure for the practice, this included the recruitment of a primary care manager, practice co-ordinator and finance assistant and a lead administrator. The lead administrator vacancy was being advertised at the time of our inspection. The practice was also in the process of recruiting an apprentice to undertake reception and administration duties.
- Policies were implemented and were available to all staff however at the time of our inspection, all policies

were under review. During our inspection we looked at eight policies including whistleblowing, safeguarding adults and children, complaints and recruitment and selection.

- We were told by the provider that there was a lack of information provided to them in relation to DBS checks for staff employed prior to them taking over the contract on the 1 July 2015. The practice were unable to provide this information during or immediately after the inspection.

Leadership and culture

The provider had the experience, capacity and capability to run the practice and ensure high quality care. A GP lead was responsible for the practice and prioritised safe, high quality and compassionate care. The GPs and GP lead was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

There was a new leadership structure in place and staff felt supported by management despite recent workforce and management changes.

- Staff told us the practice held regular team meetings and monthly clinical and multi-disciplinary meetings.
- During our inspection we saw minutes of staff meetings and numerous topics were discussed including practice performance, complaints, significant events, safeguarding issues, Qof performance, palliative patients and services provided for patients.
- 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 in doing so and felt supported if they did.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported.
- Staff were encouraged to participate in training and develop their skills.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had faced closure in 2014 prior to the provider taking over the contract for the practice on 1 July 2015. The PPG campaigned to keep the practice open and participated in television and radio interviews, attended meetings and developed a petition.
- Staff told us there was an open door policy and that the GPs, management team and colleagues were approachable and would not hesitate to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

encouraged staff to participate in training and encouraged staff to develop their skills. The provider told us that as Lincolnshire Community Health Service (LCHS) previously held the contract for this practice prior to 1 July 2015, all training records and information which was held electronically by LCHS was no longer available to Universal Health Ltd. The practice was in the process of re-structuring the training programmes for all staff which also involved making on-line training more accessible for staff.

The provider had plans in place to provide extended opening hours for patients commencing in May 2016 as this was a requirement of the APMS contract between the provider and NHS England.

The provider had stabilised the practice following previous threats of closure and had already seen an increase in its practice list of approximately 400 new patients. The provider told us that they were still facing concerns regarding the financial sustainability of the practice and that the age, size and layout of the premises had limited the services the practice was able to provide including access for disabled persons.

The provider had a number of key objectives for the future of the practice including improving the Qof achievement to ensure better standards of patient care.

There was also a strong focus on stabilising the current workforce and recruiting additional members of staff to ensure appropriate and safe staffing levels to enable the safe delivery of services to its patients and to ensure current staff were not under pressure due to staff shortages that were apparent at the time of our inspection.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have processes in place to assess, monitor and improve the quality and safety of the services provided. These matters are in breach of regulation 17(1) (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider was not able to provide evidence that all clinical staff and those who have contact with vulnerable adults and children had a Disclosure and Barring Service check (DBS check). The provider did not have appropriate arrangements in place for ensuring that all staff who carried out chaperone duties were competent and had a DBS check in place or a policy or risk assessment in place to define the requirements for chaperones to have a DBS check. These matters are in breach of regulation 19 (1) (a) (b) 2 (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014