

# The Little Surgery

## Quality Report

21 St Marys Street  
Stamford  
Lincolnshire PE9 2DG  
Tel: 01780 763308  
Website: [www.littlesurgery.com](http://www.littlesurgery.com)

Date of inspection visit: 30 June 2016  
Date of publication: 23/09/2016

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?                    |  | Good                 |  |
| Are services caring?                       |  | Good                 |  |
| Are services responsive to people's needs? |  | Good                 |  |
| Are services well-led?                     |  | Requires improvement |  |

# Summary of findings

## Contents

### Summary of this inspection

|                                             | Page |
|---------------------------------------------|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 11   |
| Areas for improvement                       | 11   |

### Detailed findings from this inspection

|                                          |    |
|------------------------------------------|----|
| Our inspection team                      | 12 |
| Background to The Little Surgery         | 12 |
| Why we carried out this inspection       | 12 |
| How we carried out this inspection       | 12 |
| Detailed findings                        | 14 |
| Action we have told the provider to take | 25 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Little Surgery on 30 June 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, a review of incidents raised had not taken place to ensure staff learning was effective and embedded within the organisation. Patients received an apology and explanation when things went wrong.
- Most risks to patients were assessed and well managed, with the exception of those relating to the monitoring of high risk medicines and uncollected prescriptions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were mixed when compared to the national average. A number of audits had been carried out, with evidence of some improved patient outcomes. The practice had not undertaken quality monitoring of its minor surgery.
- Patients said they were treated with compassion, dignity and respect. The practice was rated highly in the national patient survey for all the care they provided.
- 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.
- A variety of information about services and how to complain was available and easy to understand.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively engaged with staff and patients to improve patient care.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Implement an effective system to ensure patients prescribed with high risk medicines are regularly monitored.
- Review its arrangements to improve the quality and safety of services provided. Improvements in oversight and monitoring of governance arrangements are required.

In addition the provider should:

- Continue with efforts to target areas of lower achievement within Quality and Outcomes Framework (QOF) including patient reviews.
- Implement quality monitoring of minor surgical procedures undertaken.
- The provider should continue with efforts for identifying carers as a low number of carers had been identified.

**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**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Discussions took place in practice meetings held to identify learning points and prevent the same re-occurrence. However, subsequent review did not take place of incidents recorded to ensure learning outcomes were embedded.
- When things went wrong, patients received information, reasonable support and a verbal or written apology. They were told about actions considered to prevent the same thing happening again.
- The practice had adopted robust procedures to ensure patient safety notices were reviewed and actioned where appropriate.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included staff recruitment procedures, robust safeguarding arrangements for children and vulnerable adults and the practice's ability to respond to emergencies.
- Most risks were well managed with the exception of the monitoring of some patients prescribed with high risk medicines and uncollected prescriptions.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below local and national averages. The practice had achieved 91% of available QOF points in 2014/15. The CCG average was 97% and national average was 95%. The practice's overall exception rate reporting was 8.2% which was similar to the CCG average of 9.1% and national average of 9.2%.
- Data showed that the practice had the second lowest rate of patient emergency admissions into hospital when compared with 14 other practices within the CCG.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute Clinical Excellence (NICE). Guidance was regularly discussed amongst practice clinicians in documented meetings.

# Summary of findings

- Clinical audits demonstrated some quality improvement including improved patient outcomes. For example, an oral steroids audit undertaken. However, action plans required implementation and detail to include how improvements will be achieved and when.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw evidence of staff continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. Data also showed that 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- A large variety of information for patients about the services available was easy to understand and accessible. Information was also available on the practice's website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. A daily drop in clinic was provided for patients who required urgent appointments and no pre-booking was required. Pre-bookable appointments were available until 7.30pm on Tuesday evenings.
- 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. This was reflected in

# Summary of findings

feedback from the national GP survey. For example, 89% of patients were usually able to see or speak to their preferred GP. This was above the CCG average of 65% and national average of 59%.

- The practice had good facilities and was well equipped to treat patients and meet their needs. This included disabled facilities and translation services.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

## Are services well-led?

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

- The practice had a vision and a strategy to continuously improve patient outcomes and had merged with five other practices to form a 'super-practice'. The practice told us this would enable them to offer a greater range of services to its patients.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Although a governance framework was in place, some aspects required strengthening such as risk management and quality monitoring processes;
- Quality monitoring had not included the review of minor surgical procedures undertaken, an after death analysis when patients did not achieve their preferred place of care or death or a review of the monitoring of all high risk medicines.
- The processes in place to ensure effective learning from events took place required strengthening. The practice had not undertaken subsequent review of incidents to identify trends analysis.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback and engaged with staff and patients. The patient participation group was active.

## Requires improvement



# 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 safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice cared for a small number of patients living in residential homes and frequent visits were made to see these patients. We spoke with care home managers who were positive regarding the effectiveness of the practice doctors in providing care and told us they focussed on delivering patient centred care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Data supplied by the CCG showed that flu vaccination rates in 2015 for the over 65s were 68% (CCG average 75%). The practice told us they had been undertaking proactive measures to encourage uptake of the flu programme.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data for performance in diabetes related indicators for 2014/15 was 80% which was below the CCG average of 92% and national average of 89%. The practice provided information for 2015/16 which we had not validated. This showed that the practice had scored 98% in available points. The practice told us they had worked extensively to improve performance in this area and had closely monitored patients with high blood glucose levels. The practice had participated in the organisation of a diabetes education event to benefit its patients.
- National data for 2014/15 showed the practice had scored 93% of total points available within the chronic obstructive disease indicators. (COPD) The practice provided information for 2015/16 which we had not validated. This showed that the practice

**Requires improvement**



# Summary of findings

had scored 79% of the total points available. We were told a change in nursing staff and requirement for update in COPD training had impacted on the decrease in points. Updated training had since been undertaken and we were informed that the practice performance had increased and was set to meet target.

- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- 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.
- Immunisation rates were relatively high for all standard childhood immunisations when compared to CCG performance. A weekly clinic was provided by the practice for immunisations and new baby health checks.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw that effective collaborative working took place amongst health professionals to safeguard children. This was evidenced through records we reviewed and discussions held with staff.

Requires improvement



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

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible

Requires improvement





# Summary of findings

and offered continuity of care. A daily walk in clinic was provided to those who required to be seen urgently and no pre-booking was required. In addition, appointments were offered up to 7.15pm on Tuesdays.

- 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.
- 80% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing under the CCG average of 84% and national average of 82%. The practice had participated in a national campaign to encourage uptake of screening and we saw information displayed in the practice regarding this.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were eight patients on the learning disability register. The practice also provided care for a small number of patients who had drug and alcohol problems and we were told that a positive relationship had been built with these patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, a direct link was accessible via the practice website to the Samaritans.
- The practice had identified a low number of carers registered at the practice. (0.7% of the list).
- 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.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The practice held a register of 16 patients who had poor mental health. These patients had been offered an annual health check.
- Data showed that 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 94% and above the national average of 88%. The practice had not exception reported any patients.
- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 87% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 253 survey forms were distributed and 125 were returned. This represented 49% response rate.

- 97% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comments included that an excellent and professional service was provided, that patients felt listened to and staff were caring and helpful. One comment card included a statement that the standard of care was the best they had experienced.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and most thought staff were approachable, committed and caring. One patient was less positive regarding interactions with reception staff.

The practice's results from the NHS Friends and Family test showed that since December 2014, 391 out of 394 patients would recommend the practice to their friends and family.

## Areas for improvement

### Action the service **MUST** take to improve

- Implement an effective system to ensure patients prescribed with high risk medicines are regularly monitored.
- Review its arrangements to improve the quality and safety of services provided. Improvements in oversight and monitoring of governance arrangements are required.

### Action the service **SHOULD** take to improve

- Continue with efforts to target areas of lower achievement within Quality and Outcomes Framework (QOF) including patient reviews.
- Implement quality monitoring of minor surgical procedures undertaken.
- The provider should continue with efforts for identifying carers as a low number of carers had been identified.

# The Little 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 adviser and a member of the CQC medicines team.

## Background to The Little Surgery

The Little Surgery is located in Stamford which is a town on the River Welland in Lincolnshire.

There is direct access to the practice by public transport from surrounding areas. Whilst parking facilities are not provided on site, public car parks and on road parking is available within short walking distance.

The practice currently has a list size of approximately 3917 patients.

The practice holds a General Medical Services (GMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS South Lincolnshire CCG.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with very low levels of deprivation. It has a higher than national average older adult population. A higher number of patients registered at the practice are in paid work or full time education compared with the local CCG and national averages.

The practice is managed by two GPs (one male, one female) who each provide eight clinical sessions per week. The practice also has a salaried GP (female) who provides six clinical sessions per week. They are supported by two female part time practice nurses. The practice has a dispensary on site with three members of staff working as dispensers. The practice also employs a practice manager, deputy practice manager, a housekeeper and a team of reception, clerical and administrative staff.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays 8.30am to 6pm, Tuesdays 8.30am to 7.30pm, Wednesdays 8.30am to 6pm, Thursdays 8.30am to 6pm and Fridays 8.30am to 6pm. The practice is closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends.. The OOH service is provided by Lincolnshire Community Health Services NHS Trust. Patients can also contact NHS 111. When the practice is closed, there is a recorded message giving out -of -hour's details.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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 30 June 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice management, dispensary and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support, a written apology and were told about actions considered to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events but information did not support that learning outcomes were always reviewed to ensure they were effective and embedded within the practice.

We reviewed a number of safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared, for example, a duplicate vaccination error resulted in an analysis of the incident in a practice meeting held. Whilst learning points were noted amongst staff and these were recorded, we found that subsequent review did not take place of the incident. This meant that the practice could not be assured that measures taken were effective in preventing such an incident occurring again. The practice did not maintain a centralised record of significant events which impacted on its ability to review and undertake any trends analyses.

We saw other examples where a robust process was adopted to improve safety in the practice. For example, the recording of action taken in respect of patient safety alerts received. (Medicines and Healthcare products Regulatory Agency – MHRA)

### Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We also noted exceptions however;

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage safeguarding children concerns.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had adopted a policy that only clinical staff could act as chaperones. Chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice employed one cleaner and advised us that they would utilise an agency employee if their cleaner was unavailable to work.
- One of the practice nurses 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 protocol in place and staff had received training. Annual infection control audits were undertaken. We noted a recent audit and we saw evidence that action was taken to address any improvements identified as a result. For example, wall mounted apron holders and soap dispensers had been purchased to ensure surfaces were kept clear and easier to clean.
- We found that some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing,

# Are services safe?

security and disposal). We found exceptions in relation to the routine monitoring of some patients on a high risk medicine, in a sample of anonymised patient records we reviewed. We discussed our findings with practice management who advised us that measures would be implemented to ensure a robust monitoring system was put in place. Following our inspection, we were provided with evidence that action was being taken to address the risks associated with the practice's inconsistent monitoring of these patients. We also reviewed the process in place if a patient did not collect their prescription and found that they were not contacted to discuss the reasons for this. This presented a risk that patients were not taking their medicines which could impact upon their health and wellbeing.

- The practice carried out medicine reviews, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning purposes. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Staff had signed to acknowledge they had read and understood the procedures which were introduced in 2014 although we noted any changes made to procedures in 2016 also required staff acknowledgement to be recorded.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Most 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 health and safety policy available and staff had received training. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of this were held off site.



# 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff discussed guidance regularly at practice meetings held.
- The practice monitored that these guidelines were followed through audits and a sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available with 8.2% overall 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). Data from 2014/15 showed mixed results;

- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 94% and above the national average of 88%. The practice had not exception reported any patients. CCG exception reporting average was 15.5% and national average was 12.6%.
- 61% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was below the CCG average of 88% and national average of 84%. Exception reporting was in line with CCG and national averages.
- Performance for diabetes related indicators was 80% which was below the CCG average of 92% and national average of 89%.

- Performance for chronic obstructive pulmonary disease (COPD) indicators was 93% which was below the CCG average of 99% and national average of 96%.
- 100% of patients with atrial fibrillation (abnormal heart rhythm) who had a higher risk of stroke were treated with anticoagulants (medicines to prevent blood clotting). This was above the CCG average of 87% and national average of 85%. Exception reporting was 3.8% which was better than the CCG average of 12.5% and national average of 13%.
- Performance for heart failure related indicators showed that 100% of these patients had a confirmed diagnosis close to when they were entered onto the register. This was above the CCG average of 95% and national average of 95%. The practice had not exception reported any patients.

We discussed the practice's lower achievement within some areas of QOF. The practice told us they had identified their lower achievement rates in undertaking reviews for patients with depression. They told us they had since adopted a policy which required these patients to attend an appointment with a GP for a review before a repeat prescription was authorised. Data supplied by the practice for 2015/16, which we had not validated showed;

- 69% of patients with a diagnosis of depression had received a review after their diagnosis.

The practice told us that they had invested extensive resource into increasing their performance for diabetes related indicators and had closely monitored these patients with high blood glucose levels. Data supplied by the practice for 2015/16, which we had not validated showed;

- Performance for diabetes related indicators was 100% of total points available.

The practice management stated that performance in COPD related indicators had lowered in 2015/16. We were told a change in nursing staff and requirement for update in COPD training had impacted on the decrease in points. Updated training had since been undertaken and we were informed that the practice performance had since increased and had met target. Data supplied by the practice for 2015/16, which we had not validated showed;

- Performance for COPD related indicators was 77% of total points available.



# Are services effective?

## (for example, treatment is effective)

We reviewed data which showed the practice had the second lowest number of emergency admissions into hospital when compared with fourteen other practices within the CCG.

There was evidence of some quality improvement including clinical audit.

- We were provided with a number of clinical audits completed in the last two years. We reviewed a recent audit which involved the identification of patients prescribed with oral steroids to ensure they were receiving bone protection therapy in line with guidance. Outcomes included recall of a number of patients who required further intervention to receive additional treatment.
- The practice had undertaken audits of patients prescribed with two particular high risk medicines to ensure they had received regular monitoring. Outcomes included assurance that all patients taking one of the medicines had received sufficient monitoring. One of the other completed audit cycles identified one instance where routine monitoring of a patient had not taken place. This was addressed by contact being made with the patient. We were informed that a new system had been implemented for recall of these patients although the audit documentation we were provided with did not make reference to this. The audits had not included the review of patients taking other high risk medicines.
- The practice had not undertaken quality monitoring of minor surgical procedures undertaken or conducted an after death analysis to identify any learning when patients did not achieve their preferred place of care or death.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment although some records held by the practice required more detailed information.

- The practice told us they had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We found that the programme required more structure to show all information was recorded. For example, the induction checklist included recruitment checks but did not make

reference to areas such as health and safety, housekeeping arrangements and training requirements. Other documentation we reviewed supported that most staff had received information relevant to their roles.

- 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. One of the practice nurses had updated their skills in chronic obstructive pulmonary disease (COPD), asthma, diabetes and spirometry. Spirometry is a test of how well you can breathe and can help in the diagnosis of different lung diseases.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 15 months. We were informed that appraisals were now due for staff but a decision had been made to delay these until a merger had been completed with another provider.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Our review of a sample of four staff training records showed however that only one member of staff had completed confidentiality training. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We reviewed documented meeting minutes which supported the processes in place.

We spoke with three of the care homes where practice patients were in residential care. Feedback was extremely positive regarding the effectiveness of the practice doctors in providing care, the patient centred approach adopted and liaison with home care staff.

### 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. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- 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.
- We saw that consent was documented on patient records, including when minor surgery was administered.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. The practice referred patients with alcohol and drug misuse to Addaction, a drug and alcohol treatment charity. The practice had a dedicated area within the waiting room which contained support information for those patients with long term conditions. A local care trust also provided services and support to the elderly and vulnerable adults residing in the area and patients were passed this contact information.

The practice's uptake for the cervical screening programme was 80%, which was below the CCG average of 84% and the national average of 82%. The practice promoted the 'pink pants' campaign to encourage take up of the screening programme. We saw information displayed about this within the practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they were also sent a follow up letter. Notes were made in a patient's record so non attendance could be discussed when the patient next presented at the practice. The practice ensured a female sample taker was available.

Childhood immunisation statistics were provided by the practice for two and five year old immunisations from 2014 to 2016. This showed that all CCG targets had been met or exceeded.

Data supplied by the CCG showed that flu vaccination rates for the over 65s were 68% (CCG average 75%) and at risk groups 47%. (CCG average 52%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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.

- Screens 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 area to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They 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:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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. The practice told us they had adopted a flexible approach in giving longer appointment times to patients and this had contributed to this positive feedback. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, although the practice informed us they had had a very small number of patients who would benefit from this.

## Are services caring?

- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

A large variety of patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included those affected by parkinsons disease, dementia, armed forces mental health and those who had experienced female genital mutilation (FGM). Information about support groups was also available on the practice website. A direct link was accessible via the website to the Samaritans.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (0.7% of the practice list). Practice meeting minutes we reviewed showed that the practice had proactively identified carers and placed alerts on their clinical records. This meant staff were aware of their caring responsibilities and could discuss associated matters with them when seen at the practice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, one of the GP partners visited them. Advice was provided on how to find a support service such as Cruse.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a daily drop in clinic on weekday mornings from 8.30am to 10.30am for patients who required urgent appointments. Appointments were not required to be booked for these sessions.
- Telephone consultations were available on a daily basis for those patients who requested these.
- Evening appointments were available until 7.30pm on Tuesdays and until 6pm on other weekdays.
- There were longer (double) appointments available for patients with a learning disability.
- Flexible appointments were always offered to those patients with dementia.
- The practice reception staff always allocated fifteen minute appointment times for patients who wanted to see practice nurses. In addition, fifteen minute appointments were available with GPs on Tuesday, Wednesday and Thursday afternoons.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were always available for children and those patients with medical problems that require same day consultation.
- The practice promoted a local community transport scheme which provided transportation of patients to their GP practice if they had mobility problems.
- A range of family planning services were available which included emergency contraception, the fitting of contraceptive implants and coils.
- The practice offered the C-Card scheme, a free condom and sexual health advice service for young people.
- The practice offered minor surgery, such as the removal of skin lesions and joint injections to those patients who would benefit.
- A CCG funded physiotherapist attended the practice twice weekly to provide help to those who would benefit.
- Clinics were provided for patients with long term conditions, such as diabetes, asthma and heart disease.

- The practice, along with other local practices had invited its patients to attend a diabetes education event held. Speakers included a consultant diabetologist, specialist diabetes nurse, podiatrist and dietician.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- A range of online services were available which included the ordering of prescriptions and booking of GP appointments.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open on Mondays to Fridays from 8am to 6.30pm. Appointments with GPs and nurses were available at various sessions throughout the day. These included Mondays 8.30am to 6pm, Tuesdays 8.30am to 7.30pm, Wednesdays 8.30am to 6pm, Thursdays 8.30am to 6pm and Fridays 8.30am to 6pm. There was no time restriction on the booking of pre-bookable appointments. Urgent appointments were also available for people that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.
- 89% of patients usually get to see or speak to their preferred GP compared to the CCG average of 65% and national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We received a high number of positive comments in relation to the drop in clinic provided.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

One of the practice GPs made contact with a patient following a request for a home visit. This enabled them to

# Are services responsive to people's needs?

(for example, to feedback?)

gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was included in practice information leaflets and available on the practice's website.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Records showed that detailed investigations were undertaken when complaints had been received. We found that some learning points were noted and were discussed at practice meetings. For example, a complaint received regarding alleged conduct of a clinician led to a detailed investigation and review at the time as to how the incident could have been better handled. Apologies were offered to the complainant.

However, we found the practice did not undertake a subsequent review of the complaints received. This meant they could not ensure staff learning was effective and analysis of trends could not be identified. The practice did not raise significant events separately from the complaints it received. This meant that learning opportunities may not be maximised and any subsequent changes to policy or procedure may be missed. We reviewed two complaints which could have been raised as significant events.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which focussed on the delivery of better patient care.
- The practice had a strategy and supporting business plans which reflected the vision and values and were monitored. The practice was in the process of a merger with five other practices in Stamford, Oundle, Kettering and Corby to operate as a 'super-practice' and become part of the Lakeside Healthcare Group. We were informed that this would enable the practice to offer a greater range of services to its patients.

### 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 was maintained. This was demonstrated in the practices review of patients at risk of hospital admission and assessment of its performance against QOF data and CCG statistical information.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, an audit undertaken into patients prescribed with oral steroids to ensure they were receiving bone protection therapy resulted in the recall of a number of patients who required further intervention. However, we found that the scope of quality monitoring needed to be widened to include other areas of activity including minor surgery.
- There were arrangements for identifying, recording and managing some risks and implementing mitigating

actions. There was insufficient review of recorded incidents to ensure learning outcomes were embedded. We found systemic weaknesses in governance systems as some risks to patients had not been recognised.

### Leadership and culture

The practice was led by two GP partners. They were supported by other clinical staff, a practice manager and deputy practice manager.

Areas were identified where strong leadership was required to ensure an effective and consistent approach to all issues was adopted by practice management.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- As a consequence of the practice merger, executive meetings were planned to be held on a monthly basis in Corby and fortnightly meetings planned in Stamford attended by representatives from each of the local merged practices.
- Staff told us the practice held regular team meetings and we reviewed records of these meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

# Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. A number of staff had worked in the practice for many years. Staff were involved in discussions about how the practice delivered its services.

## **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 virtual patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, had carried out patient surveys and organised local health events with other PPG groups in the area, such as the diabetes education event. The event was well attended by practice patients and positive feedback received from those patients with this long term condition.
- The practice had gathered feedback from staff through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management.



## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The arrangements for assessing the risks to the health and safety of service users receiving care or treatment were not sufficiently in place. For example, we identified that not all patients prescribed with higher risk medicines had been subject to regular monitoring and review to ensure their health needs and requirements were met.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The arrangements in place to assess, monitor and improve the quality and safety of the services provided were not operating effectively enough. For example, quality monitoring had not included review of minor surgical procedures. Audits did not include action plans to show how systems could be improved.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |