

Trent Valley 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?

Inadequate



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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trent Valley Surgery on 1 March 2016. Overall the practice is rated as requires improvement. The purpose of this inspection was to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings at our inspection in June 2015 when we found the practice to be inadequate overall.

Following the most recent inspection we found that overall the practice was now rated as requires improvement and significant improvements had been made and specifically, the ratings for providing a well led service had improved from inadequate to requires improvement. However the rating for providing a safe service remained inadequate.

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

- The practice had made significant improvements since our last inspection despite staffing issues.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the system which had been introduced still required some improvement to ensure learning was disseminated and identified actions were implemented.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had sought feedback from patients and had recently formed a patient participation group.
- Some risks to patients were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe
- 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 spoke positively about the staff and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- Patients expressed high satisfaction with the appointment system and 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 practice had good facilities and was well equipped to treat patients and meet their needs.
- The leadership structure had improved and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints are in place.
- Ensure robust systems are in place to assess and monitor risks in areas such as infection control, fire safety, health and safety, dealing with emergencies and dispensary processes.
- Ensure formal governance arrangements are operating in order that staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice, for example the cold chain policy, nurse protocols and standard operating procedures in the dispensary.

- Ensure blank prescriptions are handled in accordance with national guidance.
- Ensure staff have necessary training and competence to provide care or treatment safely, including competency checks for dispensary staff.

In addition the provider should:

- Ensure the safety alerts log is completed to record the actions taken as a result of alerts received by the practice.
- Ensure all staff have received an annual appraisal.
- Ensure that daily resets of vaccination fridges are recorded.
- Ensure patients' privacy and dignity is protected at the branch surgery by the use of curtains in consulting and treatment rooms.

This practice was placed in special measures on 1 October 2015. Insufficient improvements have been made such that there remains a rating of inadequate for the safe domain. Therefore the practice will remain in special measures and kept under review. Another inspection will be conducted within six months to ensure the required improvements have been made. If the required improvements have not been made we will take action in line with our enforcement procedures.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was a much improved system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice but this needed to be evidenced more clearly and near misses in the dispensary needed to be recorded.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire, legionella, health and safety and infection control.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However dispensary staff required up to date competency checks.
- We saw evidence of appraisals for staff with the exception of one member of the dispensary staff.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice much higher 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. However we found there were no privacy curtains in place at the branch surgery.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with NHS England and the 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- Since our inspection in June 2015 we found that the practice had suffered numerous setbacks with senior staffing appointments but despite this had made significant improvements but some areas required further work.
- The new practice manager had in a short time identified and prioritised areas which needed addressing and started to make further changes. However these had not yet had time to be either implemented or embedded.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear and committed about their responsibilities in relation to this.
- The practice had a number of policies and procedures to govern activity, but a number required updating.
- The practice sought feedback from patients and had a newly formed patient participation group (PPG).
- A schedule of regular staff meetings had been implemented.

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 provider was rated as inadequate for providing a safe service and requiring improvement for being well-led and good for being effective, caring and responsive. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with or above local or national averages.
- The leadership of the practice had looked at the needs of this patient group to look at further options to improve services for them.

Requires improvement



People with long term conditions

The provider was rated as inadequate for providing a safe service and requiring improvement for being well-led and good for being effective, caring and responsive. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the CCG and national average with the practice achieving 92% of points in this area which was 1% better than the CCG average and 2% better than the national average.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these 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 provider was rated as inadequate for providing a safe service and requiring improvement for being well-led and good for being effective, caring and responsive. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme in 2014-2015 was 81%. At the time of our inspection this figure had improved to 84% which was above the national average.
- Appointments were available outside of school hours.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for providing a safe service and requiring improvement for being well-led and good for being effective, caring and responsive. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. They had trialled extended opening hours but the uptake had been limited.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing a safe service and requiring improvement for being well-led and good for being effective, caring and responsive. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing a safe service and requiring improvement for being well-led and good for being effective, caring and responsive. The issues identified affected all patients including this population group. There were, however, examples of good practice.

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing well above local and national averages. 233 survey forms were distributed and 133 were returned. This represented a 57% return rate by 3.3% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 97% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 73%).

- 98% 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 11 comment cards which were all positive about the standard of care received. They told us that staff were professional, courteous and polite and felt they provided a very good service which was caring and efficient.

We spoke with three patients at the branch surgery. All three said they were happy with the care they received. They all felt that staff were caring, took the time to listen and were very professional.

Areas for improvement

Action the service **MUST** take to improve

- Ensure robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints are in place.
- Ensure robust systems are in place to assess and monitor risks in areas such as infection control, fire safety, health and safety, dealing with emergencies and dispensary processes.
- Ensure formal governance arrangements are operating in order that staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice, for example the cold chain policy, nurse protocols and standard operating procedures in the dispensary.

- Ensure blank prescriptions are handled in accordance with national guidance.
- Ensure staff have necessary training and competence to provide care or treatment safely, including competency checks for dispensary staff.

Action the service **SHOULD** take to improve

- Ensure the safety alerts log is completed to record the actions taken as a result of alerts received by the practice.
- Ensure all staff have received an annual appraisal.
- Ensure that daily resets of vaccination fridges are recorded.
- Ensure patients' privacy and dignity is protected at the branch surgery by the use of curtains in consulting and treatment rooms.

Trent Valley 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, a second CQC inspector, a CQC pharmacy inspector and a practice manager specialist advisor.

Background to Trent Valley Surgery

Trent Valley Surgery provides primary medical services to approximately 4,000 patients from two sites, the primary site being at 85 Sykes Lane, Saxilby and a branch site at Main Street, Torksey. Both locations were visited during the course of our inspection. Both locations have a dispensary which dispense to approximately 60% of eligible patients.

The practice serves a rural community and the Sykes Lane location shares the premises with another practice, The Glebe Practice.

The service is provided by a lead GP, as well as a salaried GP and locum GP's as required. There was also nurse practitioner, a practice nurse and a healthcare assistant, a dispensary manager and a dispensary team. They were supported by a practice manager, reception and administrative staff.

The practice has a high percentage of older patients, notably aged between 65 and 75 and a lower percentage of patients under the age of 18 when compared nationally. The practice is located in an area of low deprivation. The practice has a high percentage of patients with long term health conditions and with caring responsibilities when compared nationally.

The practice holds a General Medical Services (GMS) contract for the delivery of general medical services.

The service is commissioned by Lincolnshire West Clinical Commissioning Group.

The Sykes Lane surgery is open between 8am and 6.30pm Monday to Friday and the Torksey surgery from 10.30am to 2.30pm GP consultations are available from 8.30 am to 6pm. Appointments with nurses and phlebotomists were available from 8.10am.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. Out-of-hours services are provided through Lincolnshire Out-of-Hours Service which is provided by Lincolnshire Community Health Services NHS Trust. Patients access the service via NHS 111.

In June 2015 we had 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. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe and well led service was inadequate. As a result the practice was placed in to special measures for a period of six months from 1 October 2015. We carried out this further comprehensive inspection to ensure that sufficient improvement had been made in order for the practice to be taken out of special measures. At our last inspection we also found the practice was registered incorrectly with the Care Quality Commission. Since then the provider has taken the necessary action and was now registered correctly.

Detailed findings

Why we carried out this inspection

In June 2015 we had 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. That inspection was planned to check whether the provider was 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. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe and well led service was inadequate. As a result the practice was placed in to special measures for a period of six months from 1 October 2015. We carried out this further comprehensive inspection to evaluate whether sufficient improvement had been made in order for the practice to be taken out of special measures.

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 1 March 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being interacted with 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

At our inspection in June 2015 we found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process to learn from significant events or complaints. Neither was there a system in place for the dissemination of safety alerts.

At our most recent inspection we found there was now a new system in place for reporting and recording significant events. We saw there was a robust significant event policy which included detailed guidance to staff on what to report, how to report and which forms to use. Incidents were risk assessed within the policy. Staff told us they would inform the practice manager of any incidents and were aware of the system to use.

- The new system had not yet had the chance to be fully embedded but we were able to review safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that learning from an incident relating to missed blood monitoring was not to issue the particular drug group beyond three months with improved controls to avoid this happening again. However we found that minutes of meetings needed to be clearer in order to identify which events had been discussed and records needed to evidence that required actions had been implemented.
- An error log had been introduced within each dispensary at the end of February 2016 and the new dispensary manager told us this would also be updated to include dispensing near-misses in future.
- We found there was an updated 'Safety Alerts Protocol'. We reviewed patient records which evidenced that MHRA alerts had been actioned. However the new practice manager told us they had identified that the system still needed further work to ensure the safety alerts log was fully completed to record the actions taken as a result of alerts received by the practice.
- At our inspection in June 2015 we found a lack of systems and processes in place to safeguard children and vulnerable adults from abuse. At our most recent inspection we found that the safeguarding 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 and staff were now aware who this was. The GPs attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had now received training relevant to their role. GPs were trained to Safeguarding level 3. We spoke with the health visitor who told us they had held meetings with the previous practice manager and were going to contact the new practice manager in order to ensure the register for children who were the subject of safeguarding concerns was up to date.
- A notice in the waiting room advised patients that chaperones were available if required. Only nursing staff acted as chaperones and 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 practice did not have effective systems to ensure patients and staff were protected from the risk of infection. One of the practice nurses was the lead for infection control. The practice nurse was the infection control clinical lead and had recently liaised with the local infection prevention teams to keep up to date with best practice. Since taking on the role in June 2015 the infection control lead had not had any allocated time to undertake any infection control audits, provide advice on the practice infection control policy and carry out staff training. However we found that staff had now completed infection control training as this had been identified at our inspection in June 2015 as having not been undertaken by any staff other than the temporary practice manager.
- We observed the main surgery premises to be generally clean and tidy. The practice employed an external cleaning company. We did not see a cleaning schedule for the premises. No records were seen to provide assurance that individual rooms or areas had been cleaned. There were no formal records of any spot checks having taken place.

Overview of safety systems and processes

The practice had a number of clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services safe?

- At the branch surgery we found the premises to be generally clean and tidy however we found one area which was not up to an acceptable standard of cleanliness. We spoke with the management team who told us they would ensure this was dealt with immediately. The practice employed a cleaner but we did not see any cleaning schedules or evidence of any spot checks.
- An infection control audit had been undertaken on 12 October 2015 but there was no evidence that any of the actions had been completed to address any improvements identified as a result. An infection control policy and supporting procedures were available for staff to refer to.

There were arrangements in place for managing medicines, including emergency drugs and vaccinations, in the practice in order to keep patients safe, including in the dispensaries at both the main and branch surgery. We found many areas of improvement within the dispensary.

- There was a newly appointed dispensary manager who had only been in post for two weeks at the time of this inspection and had started to update some processes and procedures, including the Standard Operating Procedures (SOPs) for the dispensary. Some existing SOPs lacked detail and some staff we spoke with identified some of the SOPs did not reflect their current processes. The dispensary manager was aware of this and had plans to address it.
- Processes were in place to check medicines in the main and branch dispensaries were within their expiry date and suitable for use, and we saw evidence of regular checks being undertaken. All stock checked in each dispensary was in date.
- Medicines were scanned using a barcode system prior to labelling to help reduce any dispensing errors.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and weekly checks of stock levels were undertaken and recorded. A recent detailed controlled drug security and storage audit had been conducted and an action plan was in place with some immediate changes being undertaken.
- Blank prescription forms for use in printers were not held securely within the practice or the branch surgery and were not tracked through the practice. Pads for hand written prescriptions were held at the main surgery and were stored securely but were not tracked through the practice.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice conducted an annual audit of aspects of the dispensing process and was able to show evidence of a returned (waste) medication audit. A complete cycle had been undertaken and patient education material had been produced.
- In the dispensary, refrigerated medicinal products were stored correctly, appropriate checks made and staff were aware of the action to take if the temperature was reported as out of range. We also checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice had a protocol for the administration of vaccines but it did not provide staff with sufficient guidance on what action to take in the event of a break in the cold chain. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. However the fridge checks were not recorded as being reset on a daily basis.
- There was a robust system in place for the production of repeat prescriptions to ensure patients had their medicines reviewed regularly by a GP.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the GPs for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found there had been vast improvements since our last inspection and that appropriate recruitment checks had now been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Monitoring risks to patients

We found that risks to patients were not always assessed and well managed.

- The practice had not carried out all the necessary risk assessments in order to identify risks and mitigate them.
- The practice had a health and safety risk assessment carried out by an external company in June 2015. A number of recommendations were identified. For example, to carry out risk assessments for infection control, lone working and display screen equipment. We spoke with the management team but were unable to ascertain if any of the recommendations had been completed.
- The practice had a fire risk assessment dated 23 June 2015 which identified a number of recommendations to be completed. We spoke with the management team but were unable to ascertain if the actions had been completed. These included the assurance that all staff were aware of their responsibilities in relation to fire safety and ensure that the fire system and emergency lighting were maintained and records were kept. They were also advised to carry out regular emergency lighting checks and fire evacuation drills. We did see evidence that staff had carried out training in fire safety.
- On the day of the inspection we checked electrical equipment to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We found that they had been checked in 2015. However the practice did not have a schedule of equipment for inspection and were unable to find the 2015 certificates from the company who had undertaken the relevant checks.
- A legionella risk assessment had been carried out in 23 February 2016 (legionella is a bacterium which can

contaminate water systems in buildings). A number of recommendations had been made following the risk assessment, including the requirement for the implementation of monthly water temperature checks.

- 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 to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice now had arrangements in place to respond to emergencies and major incidents. At our inspection in June 2015 we found that all staff had not received basic life support training and there was no oxygen available at either site.

- Staff had now received basic life support training at appropriate intervals and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available in both the main and branch surgeries and oxygen was now available with adult masks. Child oxygen masks were not available at either surgery. 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 correctly.

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.

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. We saw that NICE guidance was discussed at clinical meetings.

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 97.4% of the total number of points available, which was 2.4% above the CCG Average and 2.7% above the national average. This was an improvement on the previous year. Data reflected there was 9.8% exception reporting by the practice. (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). Some This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average with the practice achieving 92% of points in this area which was 1% better than the CCG average and 2% better than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than both the CCG and national averages.
- Performance for mental health related indicators was much better than the CCG and national averages with the practice achieving 100% of points in this area and had improved on the previous year's performance.

Some indicators for conditions such as asthma and atrial fibrillation had higher than average exception

reporting. We looked at a sample of patient records in these groups and found they had been exception reported appropriately. The practice had higher than the national average prevalence for these conditions.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. We looked at two of these which were completed audits where the improvements made were implemented and monitored. For example one audit related to the use of blood glucose monitoring strips and as a result of both cycles of the audit there was a significant reduction in the usage of the strips which also resulted in a cost saving.
- The practice participated in local audits, benchmarking and peer review.
- Findings were used by the practice to improve services.

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.
- 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 and relevant updates. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. However we found that dispensary staff had not had their competency checked since 2013.
- When we inspected the practice in June 2015 we found that there were many gaps in staff training. During the inspection in March 2016 we found that the learning needs of staff had been identified through a combination of appraisals, meetings and reviews of practice needs. Staff now had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. The

Are services effective?

(for example, treatment is effective)

staff files we looked at contained an appraisal within the last 12 months with the exception of a member of the dispensary staff who had not had an appraisal since 2013.

- Staff had now received training that included: safeguarding, fire safety, basic life support and infection control. Staff were now able to access to and make use of e-learning training modules as well as 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However it was not clear how information relating to end of life patients was communicated with the out-of-hours provider as there was no template in use.

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 regular basis and saw that care plans had been reviewed and updated.

Consent to care and treatment

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

- During our inspection in June 2015 we found there was a lack of understanding of the Mental Capacity Act 2005 and staff had not received training relating to this. At our inspection in March 2016 staff we spoke with showed understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and staff files we reviewed reflected that training had been undertaken in this area.

- 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 not clear, clinical staff assessed the patient's capacity taking in to account their best interests.

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's uptake for the cervical screening programme in 2014-2015 was 81%, which was 3% below the CCG average and 0.5% below the national average. During our inspection we looked at the current data for the year to date and found that the performance had improved and was currently 84% which was above the QOF target of 80%. There was a policy to send a reminder letter to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.9% to 94.4% and five year olds from 87.5% to 95%. There were failsafe systems in place to ensure children attended for their immunisations. A practice nurse kept detailed records and followed up any children who did not attend. Discussions were also held with the health visitor to ensure all non-attenders were followed up.

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 in the main surgery to maintain patients' privacy and dignity during examinations, investigations and treatments. However at the branch surgery there were no curtains were provided.
- 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 11 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 newly formed 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 significantly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 96% said the GP gave them enough time (CCG average 89%, national average 87%).
- 99% 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%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93, national average 91%).
- 100% 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 well above local and national averages. For example:

- 95% 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%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 96% 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. We saw notices in the reception areas informing patients this service was 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.1% of the practice list as carers. 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, their usual GP contacted them if appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had reviewed patients' needs and was considering the option of offering 15 minute appointments at the branch surgery as a large proportion of patients who used the branch surgery had multiple long term conditions and required longer appointments.
- 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.
- Same day appointments were available for children and those with serious medical conditions.

Telephone consultations were available on a daily basis.

- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The main surgery at Saxilby was open between 8am and 6.30pm Monday to Friday and the branch surgery at Torksey from 10.30am to 2.30pm GP consultations were available from 8.30 am to 6pm. Appointments with nurses and phlebotomists were available from 8.10am. At the main surgery GP appointments were available from 8.30am to 11.30am and 3.00pm to 5.50pm. At the branch surgery they were available from 11.30am to 12.50pm each day. There was a female GP available each day. Telephone consultations were available at the end of each morning surgery. Extended surgery hours were not available. The practice told us they had trialled extended hours but the uptake had been very limited. In addition to pre-bookable appointments that could be booked up to a month in advance for GPs and two months in advance for nurse 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 extremely high in comparison to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 95% patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

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 an effective 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. There was a complaints poster displayed in the reception area and a patient complaint procedure leaflets were available. These required updating with the current complaint lead's details.
- We looked at three complaints received in the last 12 months and found that these had been dealt with in an open and transparent way and responded to appropriately. The new practice manager had created a log of complaints in order to summarise, record outcomes and learning and identify themes of complaints received. They told us there would also be an annual review of complaints completed.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had guiding principles which included the aims of 'providing a safe and high quality service to patients while meeting the requirements of best practice' and 'responding to patients' needs to ensure the best outcomes'.
- Staff we spoke with shared these values and it was apparent from talking to staff and the feedback from patients that there was a strong ethos of putting patients first.
- Since our inspection in June 2015 we found that significant improvements been made including in the areas of safeguarding, training, processes for dealing with significant events, staff support and dispensary processes. However there were areas which required further work.
- Despite numerous setbacks with senior staff appointments the practice had very recently appointed a permanent practice manager who had in a short time identified and prioritised areas which needed addressing and started to make changes. However these had not yet had time to be either implemented or embedded.

Governance arrangements

At our inspection in June 2015 we found governance issues which included a lack of indemnity cover for clinical staff other than GPs, a limited schedule of meetings and insecure storage of patient records. At this inspection we saw evidence that there was now appropriate professional indemnity in place for all clinical staff and suitable cabinets had been purchased to store records securely.

The practice now 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 staff were aware of their own roles and responsibilities.
- Some practice specific policies were implemented and were available to all staff. A number of policies not been

updated since October 2014 such as those relating to treatment of anaphylaxis, toy procedure and consent. The practice manager had started to review all policies but this was still work in progress.

- A comprehensive understanding of the performance of the practice was maintained and the practice was monitoring their QOF achievements.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- Some risks to patients who used services were assessed. However the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire, legionella, health and safety, infection control and dealing with emergencies.

Leadership and culture

During the course of our inspection in June 2015 we found there was a lack of clarity regarding leadership structure and responsibilities. Since then the leadership in the practice had undergone further changes; the previous senior partner had retired and the remaining partner was now the lead GP as a sole provider but with continuity maintained with the appointment of a salaried GP and the use of regular locum GPs. There had been further changes to the practice management which had hampered the practice's progress against their action plan, meaning there were some areas which required further improvement. However two weeks prior to our inspection, a new permanent practice manager and dispensary manager had been appointed. Staff we spoke with felt very positive about the new appointments and expressed confidence in the new arrangements. They told us the practice manager had already made a difference and felt there would be stability going forward. This meant there was now a clearer leadership structure in place and staff felt supported by management.

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

Are services well-led?

Requires improvement 

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

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

When we carried out our inspection in June 2015 there was no evidence of regular minuted meetings taking place. At the inspection in March 2016 we found that there had been progress in this area with a schedule of meetings in place which included a monthly clinical meeting and weekly staff meetings.

We saw minutes which demonstrated that regular practice meetings had taken place. However these required a clearer format with responsibility for actions being documented and more detail for example to identify which significant events had been discussed. We noted that dispensary staff were present and dispensary issues were discussed at these meetings. We also reviewed detailed minutes of a QOF meeting and clinical education meetings.

Staff told us culture within the practice had improved and they felt confident to raise any issues and felt supported if they did so. Staff we spoke with also told us they felt respected and valued.

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.

- At our previous inspection we found there was not a patient participation group (PPG) in place. There was now a newly formed PPG who were keen to gather feedback from patients and make suggestions for improvement. Feedback was also gained through surveys and complaints received.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the new management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked with the neighbouring practice to deliver shared clinical education sessions and was part of local schemes to improve outcomes for patients in the area. The lead GP was qualified as a GP trainer and hoped the practice would become a training practice in the near future.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have in place systems and processes which were established and operated effectively to enable them to:</p> <p>a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and</p> <p>b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>