

Drs Thorpe, Burgess, Jones & Stone

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 10 February 2015. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12, 16 and 17.

The purpose of this comprehensive inspection was to ensure that sufficient improvement had been made following the practice being given an overall rating of Requires Improvement as a result of the findings at our inspection on 10 February 2015. We also checked that they had followed their action plan from the last inspection and to confirm they now met their legal requirements.

Following this most recent inspection on 2 March 2017 we found improvements had been made which has resulted in the practice being given an overall rating of Good.

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

- We found that the system in place for significant events had been reviewed. The policy had been updated. Investigations were detailed and actions were identified and implemented and meetings minutes represented the discussion that took place.
- Overall risks to patients were assessed and well managed.
- The practice had reviewed and updated its disaster handling and business continuity plan.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However we found that this guidance was not discussed at meetings held within the practice.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Monitoring of staff training now took place but further work was required to ensure that all staff completed mandatory training.
- CQC comments cards were reviewed told us that patients 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. Improvements were made to the quality of care as a result of complaints and concerns and lessons were shared with staff.
- The practice had open surgery each weekday morning and patients could choose which GP they saw.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Regular governance meetings were now held and minuted.
- Policies and procedures had been reviewed and updated where appropriate.
- The provider was aware of and complied with the requirements of the duty of candour.

The provider should:

- Ensure the newly introduced processes for assessing the suitability of tablets and capsules for inclusion in weekly blister packs, and for accuracy checking the preparation of the packs are established and monitored.

- Implement and monitor the revised procedure for handling patient safety alerts to ensure that they are received and acted on
- Continue to monitor and further embed the current systems in place for safeguarding, high risk medicines and staff training.
- Ensure water temperature monitoring for legionella takes place on a monthly basis.
- Ensure all staff files have the appropriate recruitment documents as per the practice policy.
- Consider discussion of national guidance and guidelines at practice meetings to ensure all clinicians are kept up to date.

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 good for providing safe services.

- There was an now an effective system in place for reporting and recording significant events. It was comprehensive and well embedded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were up to date with training with the exception of two GPs who had further updates booked for later in 2017.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice needed to ensure that newly introduced processes for assessing the suitability of tablets and capsules for inclusion in weekly blister packs, and for accuracy checking the preparation of the packs were established and monitored.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A system for quality improvement, including clinical audit was in place.
- A system was in place to identify when training was due. However on the day of the inspection and found gaps in training. For example, some staff had not completed update training in fire safety, information governance, infection control. Since the inspection the practice have told us that training had been reviewed and updates were in the process of being booked. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- We were told that the practice had a good working relationship with the palliative care team. Formal multidisciplinary team meetings to discuss the needs of complex patients or document any informal discussions that had taken place. We have been advised that a standing agenda item has been added to the clinical team meeting in order for each patient to be discussed and minuted.
- 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 99% of patients who completed the national GP survey 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%.
- 94% 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%.
- CQC comments cards we reviewed said that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 4.2% of the practice list as carers. Since the last inspection and were working towards the Lincolnshire Carers Quality Award

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the July 2016 showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 85% of patients who completed the national GP patient survey were satisfied with the practice's opening hours compared to CCG average of 78% and the national average of 76%.
- Comments cards we reviewed told us that patients said they found it easy to make an appointment with a named GP as the practice had open surgery every morning which allowed them to have continuity of care.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework in place which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- 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.
- 87% of patients on four medicines or more had received a review in the last 12 months.
- 78% on repeat prescriptions had received a review in the last 12 months.
- The practice had one care home with patients registered at the practice. A GP had lead responsibility. The practice also had access to beds in a GP led unit and local community hospital and these were used for palliative care patients and avoidance of admission to secondary care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 95.7% which was 2.2% above the CCG average and 4.4% above the national average. Exception reporting was 2.7% which was 1.8% below the CCG average and 2.8% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 81% which was 3% above the CCG average and 5.4% above the national average. Exception reporting was 2.2% which was 0.9% below the CCG average and 5.7% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 81.4% which was 5.1% below the CCG average and 1.4% below the national average. Exception reporting was 1% which was 2.1% below the CCG average and 2.9% below national average.

Good



Summary of findings

- The percentage of patients with COPD who had a review, undertaken by a healthcare professional was 91% which was 2.6% below the CCG average and 1.4% above the national average. Exception reporting was 10.5% which was 2.7% above the CCG average and 1% below the national average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and the practice had a system in place for recalling patients for a structure annual review to check their health and medicines needs were being met.

Families, children and young people

The practice is rated as good 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, for example, children and young people who had a high number of A&E attendances.
- The practice were signed up to the C-Card Scheme and all staff had been trained. This scheme enables the practice to give free contraception, for example, condoms to young people aged 13-24.
- The practice had an effective system in place in regard to cervical screening. A practice nurse was the lead nurse. The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 73%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example for immunisations and eight week baby checks. We saw examples of joint working with local community midwives.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example open surgery each morning.

Good



Summary of findings

- Minor surgery clinics are held at the practice to reduce the need for patients to be referred to secondary care.

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

- The practice held a register of patients living in vulnerable circumstances including palliative care patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice planned to start learning disability health checks from April 1 2017. However 67.6% of patients with a learning disability had received a review at the practice in the last 12 months and 17.6% in secondary care.
- 100% of patients on the palliative care register had had their care reviewed in the last 12 months.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 88% of patients who had a mental health problem had received a review in the last 12 months, 100% had a care plan in place which was above the CCG average of 94% and national average of 89%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97.8%. 75% had a care plan in place which was below the CCG average of 88% and the national average of 84%. Exception reporting was 2.2% which was 2.3% below the CCG average and 5.3% below the national average.
- 100% of patients with a diagnosis of depression had received a review in the last 12 months.

Good



Summary of findings

- 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. For example, referrals to Addaction for patients who experienced alcohol and substance misuse problems.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had received mental capacity and dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016.

The practice had good results and were comparable with local and national averages. 217 survey forms were distributed and 141 were returned. This represented 2.59% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 88% 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%.

- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 88% 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 18 comment cards which were all positive about the standard of care received. All were extremely positive. The service is described as excellent with staff who are friendly, caring and respectful. All the patients felt listened too and were treated with dignity and respect.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the newly introduced processes for assessing the suitability of tablets and capsules for inclusion in weekly blister packs, and for accuracy checking the preparation of the packs are established and monitored.
- Implement and monitor the revised procedure for handling patient safety alerts to ensure that they are received and acted on
- Continue to monitor and further embed the current systems in place for safeguarding, high risk medicines and staff training.
- Ensure water temperature monitoring for legionella takes place on a monthly basis.
- Ensure all staff files have the appropriate recruitment documents as per the practice policy.
- Consider discussion of national guidance and guidelines at practice meetings to ensure all clinicians are kept up to date.

Drs Thorpe, Burgess, Jones & Stone

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 CQC medicine management inspector and a practice manager specialist advisor.

Background to Drs Thorpe, Burgess, Jones & Stone

Drs Thorpe, Burgess Jones and Stone – Moulton Medical Centre provides primary medical services to approximately 5,453 patients.

Moulton Medical Centre covers the rural parishes of Moulton, Weston and Whaplode and is situated between the market towns of Spalding and Holbeach. The practice dispenses medicines to over 90% of their patients who live more than 1.6km (1 mile) from their nearest pharmacy.

At the time of our inspection the practice employed three male GP's (two full time and one part time), a practice manager, a nurse manager, two nurses, one health care support worker, four administration staff, eight dispensers/receptionists and two cleaner's.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

We inspected the following location where regulated activities are provided:-

Moulton Medical Centre, High Street, Moulton, Spalding, Lincs. PE12 6QB.

The practice were in the process of changing their registration with the Care Quality Commission (CQC). A GP partner had retired two days before the inspection and the practice have submitted notification that they will be known for a short period of time as Drs Burgess, Jones and Stone. A new GP partner is due to join the practice in April 2017 and discussions would take place on the name of the practice going forward. The GP partners will complete further notifications to the CQC to ensure they are correctly registered.

Since the last inspection the practice have appointed a practice manager. The practice manager provides leadership and management skills to enable the practice to meet its agreed aims and objectives with a safe and effective working environment.

The practice was open from 8 am until 6.30 pm Monday to Friday. The practice offered open surgeries each morning to ensure that all patients who wanted to see a GP can do so without the need for a prebooked appointment. Pre-bookable appointments were available in the afternoon with both GP and Nursing Team. Appointments were bookable seven days in advance for GPs and three weeks in advance for the nursing team. The registered manager we spoke with told us that the practice did not offer extended hours as these were not popular with their patients.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services

Detailed findings

provided by the practice. Information on the website could be translated in many different languages by changing the language written. This enabled patients from eastern Europe to read the information provided by the practice.

Moulton Medical Centre had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

On 10 February 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 Required Improvement overall but specifically the rating for providing a safe and well led service was Requires Improvement. Effective, Caring and Responsive was rated as good. As a result the practice was given requirement notices for Regulations 12, 16 and 17.

The purpose of this comprehensive inspection was to ensure that sufficient improvement had been made following the practice being given an overall rating of Requires Improvement as a result of the findings at our inspection on 10 February 2015. We also checked to see if had followed their action plan from the last inspection and to assess whether they now met their legal requirements.

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 2 March 2017.

During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for.
- Reviewed a 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

At our previous inspection on 10 February 2015 we rated the practice as requires improvement for providing safe services as they did not have processes in place to prioritise safety, identify risks and improve patients safety such as a process to learn from significant events, assessment of risk for Control of Substances Hazardous to Health or mitigation of risks in regard to their disaster planning and business continuity plan.

We found that improvements had been made when we inspected on 2 March 2017. The practice is now rated as good for providing safe services

Safe track record and learning

There was now an effective system in place for reporting and recording significant events.

- At our most recent inspection we found the system was comprehensive and embedded and working well.
- Staff had received training regarding significant events and there was a specific template used for recording.
- A detailed log was kept of significant events, with each incident numbered, categorised and details kept of review dates, actions and where and when events had been discussed.
- We saw monthly multi-disciplinary meetings minutes where significant events had been discussed. An annual review of significant events had taken place in December 2016. Learning was shared with staff if they were unable to attend a meeting.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw that there was an effective process in place for drug safety alerts which showed that the appropriate checks were made on stock held in the practice. However the process for distributing and acting on prescribing alerts from the Medicines and Healthcare products Regulatory Agency was less clear and there were no records to show that they were handled consistently. Following the inspection the practice confirmed that they had reviewed the way in which they managed patient safety alerts and made changes to improve the process. They had also reviewed all the alerts from August 2016 and made changes where appropriate.

Overview of safety systems and processes

The practice now had clearly systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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 possible and always 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. We found that the safeguarding registers required some work to ensure they were complete and up to date. Since the inspection the practice have notified the CQC that this has now been completed. GPs were trained to child protection or child safeguarding level 3 and practice nurses to level 3. Further update training for two of the GP partners was booked for later this year.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as 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 had two nurses who were infection control clinical leads. They liaised with the local infection prevention teams to keep up to date with best practice. We were told that they were going to get protected time each month to carry out infection control audits, spot checks of cleaning and training of staff. There was an infection control protocol in place and most staff were up to date with training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice

Are services safe?

minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). We found the process in place for preparing weekly blister packs for patients who needed support to take their medicines was not effective. We saw that they were prepared in a dedicated area to minimise interruptions, and there were written procedures to govern the process. However in one instance the accuracy checking process had not been effective, and a particular tablet used by a small number of patients was put in the blister pack in the original foil wrapping, which was not advised in national guidance. We did not see records to show that the risks of this had been assessed, and that alternatives had been considered. Following the inspection, the practice provided revised procedures for preparing the weekly packs, which included an accuracy checking step. They also assured us that they had carried out a risk assessment (although we did not see a written copy of this), on the inclusion of tablets in the original foil wrapping and decided to continue the practice.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- At this inspection we checked the system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. We found that the current system in place needed to be reviewed to protect the health and safety of all the patients on these high risk medicines. The practice took immediate action and reviewed all the patient records and amended their systems to ensure blood monitoring was completed before medications were prescribed. They told us they had contacted all the patients whose tests were outstanding and asked them to attend for a medication review.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Dispensary staff identified when a medicine review was due and we saw that they alerted the GP to reauthorise the prescription before the next issue.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- The practice had signed up to the Dispensary Services Quality Scheme which rewards practices for providing high quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines were appropriately qualified and their competence was checked regularly. One member of staff was undergoing training and we saw that they were supervised. Staff rotated through different tasks in the dispensary to ensure that they had the flexibility to cover for each other.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. .
- Staff had completed an audit of dispensary picking errors, mistakes which were identified and corrected before the prescription was handed to the patient. We saw that there were plans to continue to monitor this process to make improvements.
- We saw standard procedures which covered all aspects of the dispensing process (these are written instructions about how to dispense medicines safely). We saw that procedures were reviewed in response to incidents, for example the practice had changed the way in which medicines were ordered for a local care home in order to reduce the risk of mistakes.
- A bar code scanner was used to check the dispensing process which increased the accuracy and minimised the risk of dispensing errors.
- Records showed that fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature, and staff were aware of the procedure to follow in the event of a fridge failure.

Are services safe?

- We reviewed five 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. We found that not all the documentation was kept together in each staff member file. After the inspection the practice notified us that the files were now complete.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety.
- The practice had an up to date fire risk assessment. Actions had been identified and the practice were in the process of improvements to its emergency lighting which was planned for completion by 23 March 2017. They also carried out regular six monthly 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. General risk assessments had been completed for slips, trips and falls, manual handling and electrical equipment. Since the last inspection the practice had completed a Control of Substance Hazardous to Health (COSHH) risk assessment which would be reviewed on a yearly basis. A policy was also in place.
- The practice had some arrangements in place in regard to legionella. A risk assessment had been undertaken and monitoring water temperatures every three months. Since the inspection the practice have told us they will increase this to monthly in line with national guidance. (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. In 2016 the practice had completed a review of staffing levels. They had already increased the number of administration and dispensary staff and had plans to employ a further practice nurse.

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 but we found that some were overdue for an update. We spoke with the practice manager who advised us that they had approached an external provider and were waiting for a date to be confirmed. 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.
- 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. However the documentation in relation to the checks carried out was not detailed. We spoke with the nurse manager and after the inspection we were advised that the policy had been reviewed and an improved daily checking log had been put in place
- Since the last inspection the practice had reviewed its disaster handling and business continuity plan which was in place for major incidents such as power failure or building damage. Risks had now been mitigated and the plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At this inspection both GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They told us they used this information to deliver care and treatment that met patients' needs.

The practice held practice meetings but we were unable to see from minutes of meetings we reviewed where new guidelines were disseminated, the implications for the practice's performance and patients discussed and required actions agreed.

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 for 2015/16 were 97.9% of total points available. The practice were 0.6% below CCG and 2.5% above national averages. Exception reporting was 7.7% which was 1.2% below CCG average and 2.1% below national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for QOF (or other national) clinical targets. Data from 2015/16 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 95.7% which was 2.2% above the CCG average and 4.4% above the national average. Exception reporting was 2.7% which was 1.8% below the CCG average and 2.8% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 81% which

was 3% above the CCG average and 5.4% above the national average. Exception reporting was 2.2% which was 0.9% below the CCG average and 5.7% below national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 81.4% which was 5.1% below the CCG average and 1.4% below the national average. Exception reporting was 1% which was 2.1% below the CCG average and 2.9% below national average.
- The percentage of patients with COPD who had a review, undertaken by a healthcare professional was 91% which was 2.6% below the CCG average and 1.4% above the national average. Exception reporting was 10.5% which was 2.7% above the CCG average and 1% below the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 75% which was 12.6% below the CCG average and 8.8% below the national average. Exception reporting was 7% which was 3.2% above the CCG average and 0.2% above the national average.
- The practice were aware of the areas where performance was not in line with national or CCG figures and the GPs told us they continued to try and address them. At the last inspection in 2015 we asked the practice to look at their process for the diagnosis of patients with dementia. The practice had reviewed their process and advised the Care Quality Commission that they had a low diagnosis prevalence due to the lack of residential and nursing care in the locality. They had 46 patients currently on the register but advised us that patients with dementia moved out of the area to receive specialist care. They had been proactive at the annual influenza clinics. Posters and information was in the waiting area. The practice had identified 24 new patients since the last inspection.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits completed since the last inspection. Six of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice had completed four audits in relation to co-prescribing of medicine for heart disease and their reaction with certain other medicines.
- The lead for the dispensary had carried out a yearly review of the number of prescriptions for antibiotics. Over a four year period the practice had reduced the number of prescriptions by 15% predominantly in the year 2014 to 2015.
- The practice had recently commenced a weekly log of referrals to secondary care in response to a request by the South Lincolnshire Clinical Commissioning Group who had noticed the practice referral rates had increased by 5.4% in 2016 compared to 2015. This would be reviewed by the GP partners on a monthly basis.

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. This 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 such as diabetes and COPD. .
- 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- We looked at the system the practice had in place to identify when training was due. We found that the practice manager had taken over the management of training and was in the process of updating all the staff records. We reviewed information given to us on the day of the inspection and found gaps in training. For example, fire safety, information governance, infection control. Since the inspection the practice have told us

that training had been reviewed and updates were in the process of being booked. The practice manager would monitor the training going forward and ensure staff kept up to date on training specific to their role.

- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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.

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.

At both this inspection and the inspection in February 2015 we were told that the practice had a good working relationship with the palliative care team. The GP's were able to contact the district nurses, marie curie or macmillan nurses as required. Staff we spoke with felt this system worked well. At this inspection we found that the practice still did not hold formal multidisciplinary team meetings to discuss the needs of complex patients or document any informal discussions that had taken place. We spoke with the lead GP and since the inspection we have been advised that a standing agenda item will be added to the clinical team meeting in order for each patient to be discussed and minuted.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MHA) 2005. We noted from minutes of a meeting held on 25 January 2017 that all staff had been given an information leaflet on the MHA as a reference tool.
 - When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
 - Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
 - We looked at the process for seeking consent. We found that consent for minor surgery was not being recorded for every patient. We spoke with the management team and since the inspection they told us they had reviewed the process for consent. In future verbal consent would be recorded in the minor surgery template on the patient electronic record.
- 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 had an effective system in place in regard to cervical screening. A practice nurse was the lead nurse. The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 73%. There was a policy to offer telephone reminders for 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. 62% of patients eligible had attended for bowel cancer screening which was above the CCG average of 59% and national average of 58%.
 - 80% of patients eligible had attended for breast cancer screening which was above the CCG average of 79% and national average of 73%.
 - 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 94% to 97% and five year olds 87%.
 - 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 18 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. A great benefit was being able to turn up at the practice and be seen by a doctor on the day. They 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 July 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had well above average scores for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% 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%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG and national average of 85%.
- 94% 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%.
- 91% 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

Comments cards we reviewed and patients we spoke with 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.

Results from the July 2016 national GP patient survey showed the results were above CCG and national average. For example:

- 92% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the 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:

- The practice website had the facility for information to be translated into many different
- languages and they had access to online and telephone translation services. Staff told us that translation services were available but the all the patients currently registered with the practice were able to speak English. .
- Information leaflets were available in easy read format.

Are services caring?

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had increased the number of carers since the last inspection and were working towards the Lincolnshire Carers Quality Award. The practice had identified 130 patients as carers (4.2 % of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice website contained information for families on what to do if they had suffered bereavement.

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 had open surgery each morning and demand for appointments was managed on the day. 90% of medicines were dispensed at the surgery which reduced the need for patients to travel.
- Appointments for GPs can only be booked seven days in advance to reduce the number of 'Do Not Attend' appointments.
- The practice planned to send text message reminders of appointments and test results in the near future. .
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and the practice were in discussions about putting in a concrete ramp for patients with reduced mobility.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. For example, information in larger size format.

Access to the service

The practice was open from 8 am until 6.30 pm Monday to Friday. The practice offered open surgeries each morning to ensure that all patients who wanted to see a GP can do so without the need for a prebooked appointment. Pre-bookable appointments were available in the afternoon with both GP and Nursing Team. Appointments were bookable seven days in advance for GPs and three

weeks in advance for the nursing team. The registered manager we spoke with told us that the practice did not offer extended hours as these were not popular with their patients. Urgent appointments were also available for people that needed them.

Results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to CCG average of 78% and the national average of 76%.
- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.

We were told and we reviewed the appointment system and found that patients could get appointments when they needed them. Open surgeries every morning enabled the GPs to see any patient who wanted to be seen on the day. Home visits took place where clinically necessary.

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. For example, patient information leaflet.
- We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.
- Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, turnaround times in regard to repeat prescriptions.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 10 February 2015 we rated the practice as requires improvement for providing well-led services as improvements were required in relation to the overarching governance structure. We issued a requirement notice in respect of these issues.

At this most recent inspection we saw that the practice had governance systems in place and had made significant improvements. Therefore the practice is now rated good as for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

Since the last inspection in February 2015 the practice had made a number of improvements.

The practice had a governance framework in place 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Systems were now in place to manage and learn from significant events and complaints.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice needed to

ensure that newly introduced processes for assessing the suitability of tablets and capsules for inclusion in weekly blister packs, and for accuracy checking the preparation of the packs were established and monitored.

- Informal palliative care discussions took place but there was limited information on the patient record. This had now been added to the clinical team meeting agenda to ensure discussions were minuted.
- The practice held practice meetings but we were unable to see from minutes of meetings we reviewed where new NICE guidelines were disseminated, the implications for the practice's performance and patients discussed and required actions agreed. We spoke with the management team and have asked that they consider adding them as an agenda item to be discussed on a regular basis.
- At the inspection we found that the practice was carrying out minor surgery but did not have the regulated activity for surgical procedures on their Care Quality Commission registration. We spoke with the registered manager and they immediately commenced the process to add this to their registration.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice continued to succession plan and had been successful in the recruitment of another GP partner who would start work at the practice in April 2017. They were also in the process of planning to start recruitment for a further practice nurse so that they could increase the number of practice nurse appointments.

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

Are services well-led?

Good 

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

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 reasonable support, truthful information 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.

- The practice had long serving staff and low staff turnover.
- Since the last inspection the practice had employed a practice manager. Staff spoke very highly of the work she had done she started. They described her as approachable and had made a real difference to the practice.
- Staff told us the practice held regular team meetings and they felt the communication and information provided had improved.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), Friends and Family Testing (FFT) and complaints received.
- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new patient information leaflet and patient survey questionnaire.
- The practice had done a review and summary of Friends and Family Testing (FFT) for 2016. They had received 178 responses. 83% were extremely likely and 13 % likely to recommend the practice. Information on FFT results were displayed in the waiting room. The practice. The majority of comments were positive and patients would recommend the practice.
- The practice had gathered feedback from staff at meetings and appraisals.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- 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.
- A GP and Health Care Support Worker had undertaken training on teledermatology with a view to the implementation, in the future, of a clinic for patients who had skin lesions. Photographs would then be sent securely to a Consultant Dermatologist to diagnose whether further treatment was necessary or not. This, in most cases, could save patients a journey to hospital to see a Consultant Dermatologist.