# Lindum Medical Practice

## 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.

# Summary of findings

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# Summary of findings

## Overall summary

Lindum Medical Practice was located on the northern edge of the City of Lincoln in Lincolnshire. The practice provided primary medical services to approximately 8,100 patients and was situated in purpose built premises. Lindum Medical Practice was a training practice providing training for GP registrars. These are qualified doctors who wish to pursue a career in General Practice. The service also provided training for medical students, who are usually in their second year of training.

We carried out an announced inspection on 1 May 2014. The inspection took place over one day and was led by an inspector and a GP. A practice manager, a second inspector and an expert by experience were also part of the inspection team. An expert by experience is a person who has used similar services and collects the views of patients to be used as inspection evidence.

Before our inspection we spoke with representatives from three care homes which also provided nursing care and two care homes for patients with a learning disability, where patients were registered with the practice.

During our inspection we spoke with 13 patients, and we received and reviewed 17 comments cards. We spoke with 14 members of staff.

The regulated activities we inspected were diagnostic and screening procedures, family planning, surgical procedures and treatment of disease and disorder or injury. Whilst the practice was not registered to provide maternity and midwifery services, we felt these were being provided by the practice. We discussed this with the provider and they agreed to take steps to ensure they were registered appropriately.

Overall we saw that the service was responsive to the needs of older patients, patients with long term conditions, mothers, babies, children and young patients, the working age populations and those recently retired, patients in vulnerable circumstances and patients experiencing poor mental health. Patients with long term conditions such as diabetes or coronary heart disease received regular reviews of their health condition at the practice. We saw the practice had procedures in place to inform patients of the services available, this included information in other languages and the practice was in the process of developing information in an easy read format for patients with learning disabilities. The practice encouraged patients experiencing poor mental health to attend for regular health care reviews and liaised closely with the drug and alcohol recovery team. There was good access to appointments; we saw they responded to appointment requests for young children and babies. Home visits were undertaken according to patients' needs.

# 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 provider had systems in place to safeguard vulnerable patients from the risk of harm. Safeguarding policies and procedures were in place for both children and vulnerable adults. This enabled staff to recognise and act on concerns in relation to abuse.

Patients were not protected from the risks associated with medicines because the systems in place to store and monitor medication in the practice were insufficient and we told them that they must take action. This is being followed up and we will report on any action when it is complete.

In addition the systems in place to ensure that infection control was monitored and to protect patients from the risk of associated infections had not been checked adequately or reviewed and we told them that they must take action.

**Are services effective?**

Clinicians were able to prioritise patients according to their needs, and were able to make use of available resources.

The medicines prescribed for individual patients had been reviewed; however no review had been taken of the prescribing practice of each individual prescriber.

Staff were appropriately qualified and had opportunities to develop their skills and knowledge.

We found that the practice positively engaged with, and worked in partnership with, other services to meet the needs of patients in a coordinated and effective way. The provider did not have effective systems in place to ensure information about patients seen by the out of hours service was reviewed by a GP

The practice provided a variety of health promotion information for patients.

**Are services caring?**

Patients and carers described the service provided as very good. Patients felt their views were listened to and were respected. Patients told us that they were involved in decisions about their care and treatment and they were treated with dignity and respect by both the clinical and non-clinical staff.

# Summary of findings

The GP Patient Survey undertaken in 2014 showed patients felt the doctors and nurses at the practice treated them with care and respect. We saw where patients did not have the capacity to consent; the practice had taken appropriate action.

**Are services responsive to people's needs?**

We found that the practice understood the individual needs of patients and made reasonable adjustments accordingly. The service had effective arrangements in place to ensure that it could meet patients' needs with minimal delay.

**Are services well-led?**

There was a well-defined leadership and management structure, and areas of responsibility for each GP partner were clear. The partners and the managers we spoke with understood how they needed to take forward the practice in the future to improve patients' experiences. The appointment system and nursing team had been restructured to improve efficiency and meet patients' expectations.

We saw that staff had an annual performance appraisal to enable them to reflect on their work and achievement with the aim of learning and improving the service. Staff told us they felt very supported. There was evidence of a range of team meetings, which included department meetings and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from others, in particular through the West Lincolnshire clinical commissioning group (CCG), responsible for organising local health services and the formation of a virtual patient participation group (PPG). A PPG is a group of practice patients who support the improvement of services and the population's health through joint working.

# 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 service was responsive to the needs of older patients. Access to the surgery was via a ramped area. Hand rails were provided for support either side of any steps. The doors provided wide access for patients in wheelchairs as did the reception and treatment areas. Representatives from three local care homes, for older patients, we contacted told us they had a good working relationship with Lindum Medical Practice. We were told the practice team were all really helpful and never queried a request for a home visit.

**People with long-term conditions**

The service was responsive to patients with long-term conditions. Patients with long term conditions such as diabetes, coronary heart disease (CHD) or osteoporosis were supported with annual, or when required, health checks and medication reviews. The service provided a diabetic specialist nurse who attended the service once a week to undertake diabetic reviews. We were told some patients with multiple long term conditions may have to make separate appointments to be reviewed for each of their long term conditions.

**Mothers, babies, children and young people**

The service was responsive to mothers, babies, children and young patients and had recently undertaken a review of how feverish illness in children under five were managed. This resulted in improvements in equipment in clinicians' rooms. Patients with young children and babies we spoke with told us the service was quick to respond to appointment requests for young children and babies. The service provided appointments for teenagers who request confidential advice on contraception and sexual health.

**The working-age population and those recently retired**

Overall the service was responsive to the working-age population and those recently retired. The service offered bookable appointments which included early morning, late evening and Saturday morning appointments. The nurse practitioner offered telephone triage and directed patients to appropriate appointments when required. Triage is a recognised process of determining the priority of patients' treatments based on the severity of their condition. The practice and business manager audited the appointments system and staff availability to ensure any shortfalls

# Summary of findings

in staff or appointment availability were responded to in a timely manner. The practice offered a choose and book referral service when patients needed to be referred to other services. Information on other services was also available.

**People in vulnerable circumstances who may have poor access to primary care**

The service was responsive to patients in vulnerable circumstances. Representatives from two local care homes for patients with a learning disability, told us patients at the care home and their support staff were very happy with the service Lindum Medical Practice provided. We were told the staff were very helpful and supportive. Patients we spoke with told us the doctors and nurses were approachable and happy to give help and advice. There was access to the drug and alcohol recovery services within the practice.

**People experiencing poor mental health**

The service was responsive to patients experiencing poor mental health. The practice liaised with local community mental health teams and clinical psychologists as part of a multidisciplinary team. The practice liaised with the individual and offered regular health care reviews of their condition, treatment and medication.

# Summary of findings

## What people who use the service say

We spoke with 13 patients during our inspection. We spoke with representatives from three care homes which provided nursing care and two care homes for patients with a learning disability, where patients were registered at the practice. Patients told us they felt safe and confident in the competence and knowledge of the GPs and nurses, and staff at the practice. Patients described the service provided as brilliant and second to none. We were told patients felt their views were listened to, that clinicians explained their treatment to them. Patients told us they were involved in decisions about their care and treatment and were treated with dignity and respect. They said the practice always looked clean and tidy when they attended their appointments.

Patients did not raise any concerns about their safety. We looked at 17 comments cards which had been left at the service by CQC to enable patients to record their views on the service. All the comments were positive and emphasised the standard and quality of care patients had received from the service. Patients were pleased with the open access appointments available and found the service to be clean.

## Areas for improvement

**Action the service MUST take to improve**

- There was no review of the cleaning schedules by the practice and there was no evidence of cleaning schedules for toys in the reception area.
- Patients' medical records were not all stored securely which meant the possibility of unauthorised access.
- The systems in place to ensure that only in date equipment was available were insufficient.
- The systems in place for checking the expiry dates of medicines including emergency medicines were insufficient.
- Records of staff references were not clearly documented in staff records.
- Records of regular checks for staff qualifications and registration with the Nursing and Midwifery Council were not undertaken.

**Action the service COULD take to improve**

- Significant event analysis and learning from such events was shared with staff. However, the actions taken in response to this learning were not always documented.
- Clinical audits of prescribing and referrals were not reviewed and were not directed at the individual prescriber.
- Control of substances hazardous to health (COSHH) data sheets were not completed.
- There was no GP review of patients' medical record summaries.

## Good practice

Our inspection team highlighted the following areas of good practice:

- We received good feedback from the managers from the three local care homes we contacted. We were told the GPs always attended and never questioned a request for advice or a home visit.
- One GP registrar told us they would 'recommend the practice as a good training practice.'
- The practice achieved a 100% for patients with atrial fibrillation prescribed anti-coagulation therapy.
- The practice achieved a high attendance for cervical smear testing.
- The practice liaised and worked closely with the drug and alcohol recovery team. A member of the team told us the lead GP on this was very supportive and very effective.

# Lindum Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection was led by a CQC lead inspector and a GP. The team also included a practice manager, an expert by experience and a second CQC inspector.

## Background to Lindum Medical Practice

Lindum Medical Practice is located on the northern edge of the City of Lincoln in Lincolnshire. The practice provides primary medical services to approximately 8,100 patients and is situated in purpose built premises. It is operated by three GP partners, a practice manager, a business manager, one advanced nurse practitioner, one nurse practitioner, three registered nurses, two health care assistants and a team of reception and administration staff. Lindum Medical Practice was a training practice providing training for GP registrars and medical students. During our inspection the practice had two GP registrars working as part of the team. The practice had strong relationships with the community midwives, and community drug and alcohol recovery team. The practice provided consultation rooms for these teams to provide services to patients.

The practice has seen an increase in their patient list size of 3.6% over the last three years and has effectively managed the increased demand on their appointments. The surgery was open from 8am to 6pm, from Monday to Friday. It offered an extended hours service with pre-booked appointments on Monday evenings between 6.30pm and 8pm, Thursday mornings from 8am, and Saturday mornings between 9.30am and 11am. The service offered a drop in clinic on Monday to Friday where patients arrived at the practice and could sit and wait to see a clinician. This drop in clinic was for patients with minor illnesses or on the day problems. Patients did not require an appointment and booked in at the reception desk on arrival. After normal practice hours there was an out of hours service which provided cover for the practice.

The service was provided to a diverse suburban population with low deprivation and a higher than national average elderly population.

## Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We asked the practice to put comment cards where patients and members of the public could share their views and experiences of the

# Detailed findings

service in reception. We carried out an announced visit on 1 May 2014. We spoke with 13 patients who used the service. We observed how patients were being cared for and reviewed the treatment records of patients. We reviewed 17 comments cards where patients and members of the public and staff shared their views and experiences of the service.

During our visit we spoke with 13 patients who used the practice, and we received and reviewed 17 comments cards. We spoke with 14 members of staff, which included two GPs, one GP registrar, the practice manager, the practice business manager, one nurse practitioner, one practice nurse, the medical secretary, the health care assistant, one visiting health care professional and administration and reception staff.

We looked at the practice's policies, procedures and some audits.

We reviewed information that had been provided to us during the visit and we requested additional information which was reviewed after the visit.

# Are services safe?

## Summary of findings

The provider had systems in place to safeguard vulnerable patients from the risk of harm. Safeguarding policies and procedures were in place for both children and vulnerable adults. This enabled staff to recognise and act on concerns in relation to abuse.

Patients were not protected from the risks associated with medicines because the systems in place to store and monitor medication in the practice were insufficient.

In addition the systems in place to ensure that infection control was monitored and to protect patients from the risk of associated infections had not been checked adequately or reviewed.

## Our findings

### Safe Patient Care

We spoke with 13 patients during our inspection. All of their comments were positive and no one raised any concerns about patients' safety. One patient we spoke with told us, "I'm very happy with the surgery. The receptionists are excellent, face to face and on the phone." Another patient said, "They are very good here, very helpful." One patient wrote, 'The care I receive from doctors, nurses and reception staff has been second to none. I have always been treated with dignity and the utmost respect and in my eyes you would have to go a long way to beat the service.' Another wrote, 'Great service and friendly staff. I feel safe and confident in their abilities.'

We received feedback from the managers at three local care homes who told us, "The receptionists are really pleasant and helpful. The GPs attend home visits, they never query coming to see a resident." Another told us, "The practice nurse will visit us if we need them. The GPs are very nice and easily accessible, if we have any queries they will even do telephone consultations."

### Learning from Incidents

The practice was open and transparent when there were near misses or when things went wrong. There was a policy in place to enable staff to recognise and act upon significant events or incidents. We reviewed the significant events that had occurred in the service. A significant event is usually an untoward occurrence; however significant events can lead to positive or negative outcomes for patients. We saw that such events had been documented and discussed, and learning and action points had been identified. Staff who were involved in significant events were included in each analysis and learning was shared. We checked to see if there was evidence that the actions identified by the significant event analyses had been completed, but this was not always recorded. The provider had recently identified a significant event. We saw evidence that an investigation was underway which had identified some key learning points, for example, around home visiting protocols.

# Are services safe?

## Safeguarding

We saw the practice had safeguarding policies in place for both children and vulnerable adults. There was a nominated GP who was the lead for safeguarding. We were told that the GP lead liaised closely with the local authority safeguarding team.

The staff we spoke with had a good knowledge and understanding of the safeguarding procedures and what action should be taken if abuse was witnessed or suspected. They told us they would speak to their line manager. However they were not all aware they could raise a concern outside of the practice or who they should contact.

The practice had a system to highlight vulnerable people on their computerised records system. This information would be available on patients' records when they contacted the practice or attended any appointments so that staff were aware of any issues.

Patients we spoke with told us they felt safe at the practice and were happy with the care and treatment they received.

Archived patients paper medical records were stored in several locations throughout the premises, including one room accessed by outside services. The room could be secured, but the records were stored on open shelves and on the floor. This posed a risk that patients' medical records could have been viewed by people using or visiting the room.

Nominated members of the administration team were responsible for summarising patients' paper medical records onto the electronic computer system when patients registered at the practice. We were told that there was no clinical lead or input for this and the service did not have systems in place to audit the quality of data added to medical records. We discussed these issues with the provider who agreed to take immediate action to resolve the issues we had found.

## Monitoring Safety & Responding to Risk

The provider had systems and protocols in place to ensure business continuity in the event of any emergency, for example, power failure or flood. However the protocol had not been reviewed recently and referred to staff who were no longer with the practice. There was a risk that emergencies may not have been responded to appropriately because staff did not have an up to date document to refer to

We looked at the arrangements in place to respond to changes in demand for the service, for example, extreme weather. The business manager told us that many staff lived within walking distance of the practice and in previous situations had walked to the practice to ensure continuity of the service.

We saw evidence that the practice had systems in place to ensure the right staffing level and skill-mix was sustained to support safe, effective and compassionate care and promote staff well-being. This ensured there were enough suitably skilled staff to enable the continuity of a safe service, this was reviewed monthly at practice meetings

There were reviews of health and safety risk assessments and fire safety audits. We saw evidence of fire emergency plans and staff told us they had regular fire drills. This meant the provider had taken steps to ensure the health, welfare and safety of patients and staff.

## Medicines Management

We looked at how the practice stored and monitored medication, to ensure patients received medicines that were in date and correct. This included controlled drugs, emergency medicines and vaccines. (Controlled drugs are medicines controlled under the Misuse of Drugs legislation because they carry a higher risk of misuse, or causing harm than other medicines.)

We checked all drugs from the controlled drug register against the controlled drug stock and found no discrepancies. There were appropriate arrangements in place for the obtaining, recording, handling, using, storage and the disposal of controlled medicines.

We looked at two vaccine fridges and noted both were locked. We saw refrigerator temperatures were monitored daily and logged. Staff told us any concerns were reported to the practice manager. We were told the medicines manager ordered the vaccines and had a system in place to identify any out of date vaccines. We checked medication in both the practice vaccine fridges and found them to be in date. We were told GPs did not carry any drugs with them or on home visits. One GP told us, "The ambulance service is only five minutes away."

## Cleanliness & Infection Control

We found that the premises were visibly clean in some areas. However in other areas we saw thick dust on couches, trolleys and privacy curtain tracks. We were told that external contractors cleaned the practice on a daily

# Are services safe?

basis. There were cleaning schedules that gave details of the activities to be completed but there was no review of the cleaning by the practice. We found that mops and buckets were not appropriately stored. There were no signs to denote a colour coding system for mops and buckets and when we checked, practice staff were not aware of the colour code system should they be required to clean any spills during the working day. A baby changing mat in the accessible toilet was dirty and had no disposable liners available to promote hygienic use. There was no evidence of cleaning schedules for toys in the reception area. Cleaning substances and chemicals had been stored under a sink and were not secured. Control of substances hazardous to health (COSHH) safety data sheets which provide information on chemical products had not been completed. Staff were unable to locate them, which meant that they were not accessible for their reference. This posed a risk that the risks associated with hazardous substances may not have been managed safely, in accordance with recommended practice. We discussed this with the provider who agreed to take immediate action to resolve the issues we had found.

The consultation rooms that we checked had sinks, soap and paper towels available. Disposable privacy curtains were used and there was a clear system to ensure they were changed at appropriate intervals. A number of clinical areas were carpeted. The practice manager showed us the practice business plan to replace these.

A contract was in place to remove clinical or hazardous waste on a regular basis and external storage bins that we saw were safe and secure. A clear colour coded system for the safe disposal of general, clinical and hazardous waste was in place and the practice's infection control policy contained written guidance for staff reference.

### Staffing & Recruitment

We saw that the provider had a process in place for recruiting staff to work at the practice. Checks were undertaken of GPs and nurses to ensure their fitness to practice, for example checking their General Medical Council registration. These were recorded when clinicians joined the practice. The provider did not perform ongoing checks of Nursing Midwifery Council registrations. Enhanced disclosure and barring service (DBS) checks were undertaken for clinical staff to ensure their suitability to work with vulnerable patients. These checks were also undertaken for GP registrars. We found that references were not always sought when staff were recruited and where verbal references had been given these were not recorded in staff files.

The business manager told us all new staff received induction training when they started their job and were supported by a senior member of staff. We looked at six staff records and found there were no induction records for one new member of the clinical staff.

### Dealing with Emergencies

We saw there were appropriate and sufficient emergency medications and medical equipment available at the practice. We checked medication on the emergency trolley and in the resuscitation box and found two examples where the medication was out of date. We looked at medication stored in cupboards in the treatment and consultation rooms. We found further examples of medication that had passed the manufacturer's expiry date of January 2014. We looked at the monthly log for checking the expiry dates of drugs and saw that these had been checked and signed as checked by clinical staff.

Systems in place to store and monitor the emergency medicines in the practice were insufficient. We discussed this with the provider, at the time of our inspection, and they agreed to take immediate action to resolve the issues we had found.

### Equipment

There was a defibrillator (a defibrillator is an electrical device that provides a shock to the heart when there is a life threatening erratic beating of the heart), two oxygen cylinders and an emergency trolley for use in a medical emergency. However we found there were out of date items on the trolleys and in cupboards in treatment and consultation rooms. We found disposable items that were available for use after the manufacturer's expiry date. We found syringes that had expired in March 2010, speculums with an expiry date of December 2003, July 2010 and October 2010. Other items that were past their expiry date included clip removers, gauze and other equipment which had expiry dates dating back to August 2009. Both oxygen tanks were out of date with one cylinder being empty. We looked at the defibrillator. The pads with the defibrillator were not in sealed packaging and these were dirty and were also out of date. We noted that staff replaced these with sealed in-date pads while we were there. The systems

in place to ensure that only in date equipment was available were insufficient. We discussed this with the provider, at the time of our inspection, and they agreed to take immediate action to resolve the issues we had found.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

Clinicians were able to prioritise patients according to their needs, and were able to make use of available resources.

Prescribing for the practice had been reviewed; however this did not include the specific practice of each individual prescriber.

Staff were appropriately qualified and had opportunities to develop their skills and knowledge.

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and effective way. The provider did not have effective systems in place to ensure information about patients seen by the out of hours service was reviewed by a GP

The practice provided a variety of health promotion information for patients.

## Our findings

### Promoting Best Practice

We spoke with two GP's and a nurse practitioner about how they received updates relating to best practise or safety alerts they needed to be aware of. We were told these were received automatically and shared through the email system. We were told the clinical leads were always available either in person or via telephone for support and guidance should this be required. This meant clinical staff were provided with information needed to deliver good clinical care. The GP registrars were encouraged to consult 'GP Notebook'. GP Notebook is an online encyclopaedia of medicine that provides an immediate and up to date reference resource for clinicians.

The practice carried out internal audits to ensure patients with long term conditions were reviewed. For example patients identified with a long term condition such as diabetes or asthma were placed on disease registers and regular review appointments were made with the nurses in accordance with best practice guidance.

We saw that staff carried out assessments of patients' health care needs. Patients with diabetes were seen by the diabetic specialist nurse who attended the practice weekly. However one GP told us that as the diabetic nurse was employed to review patients with diabetes, this meant that some patients with other long term conditions would have to attend the practice at a different time to have their other conditions reviewed.

During our inspection we met a member of the drug and alcohol recovery team (DART) who provided a clinic at the practice to patients who were registered with the practice. We were told they worked in close cooperation with the GP lead both during the clinics and outside of practice hours. We were told this proved effective and supportive.

### Management, monitoring and improving outcomes for patients

The data we obtained before our inspection identified that the practice had a high prescribing rate for non-steroidal anti-inflammatory drug prescribing (NSAIDs) and the prescribing of hypnotics (Medicines prescribed to help patients to sleep). We saw that the Lindum Medical Practice operated a clinical review system which aimed to improve the service and provide the best outcomes for patients. We saw evidence of reviews of the practices' cancer diagnosis

# Are services effective?

## (for example, treatment is effective)

referrals and reviews of the appropriate prescribing of medications such as hypnotics. During our inspection, we found that this data may have included historical prescribing by other services which would have reflected the higher level of prescribing indicated in our inspection data. However the provider may find it useful to note that the resulting action plans we saw were limited, whilst they had reviewed the prescribing for the practice this did not include the specific practice of each individual prescriber.

We spoke with 13 patients who used the practice and received feedback from the representatives of five care homes for patients who used the service. They told us they had a good relationship with the practice and the doctors and nurses listened to their views and took these into account when offering treatment.

We talked with two GPs both of whom were knowledgeable about patients' needs and we were provided with examples of where the GPs had demonstrated good practice.

### Staffing

We found that all staff received time for education and learning as the practice closed for half a day every month. During this time there was a whole team update and training and time for mandatory training to be completed. We looked at the training records and saw that all staff had completed training relevant for their role, and that these were regularly updated. Examples of training completed included, health and safety, safeguarding and basic life support. Staff meetings were held every four to six weeks. One member of staff told us, "We talk about things that happen in practice, GPs, change of staff. The managers do the meetings and we get the chance to ask anything. The minutes are then put up on our notice board. Both managers have an open door policy so we can see them anytime."

During our inspection we were shown the process the Lindum Medical Centre provided for medical students and GP registrars. We saw there were effective systems in place to support and supervise the students and registrars. One GP registrar told us, "I would recommend this practice as a training practice." The GP training lead told us they, "Felt well supported by the partnership and the practice."

### Working with other services

We were told by the practice and business manager that monthly palliative care meetings were held. Palliative care and treatment is offered to patients with cancer and other life limiting illnesses, identified as approaching the end of their lives. This was confirmed by one of the GP partners who advised that all patients with palliative care needs were reviewed during these meeting. We looked at the meeting minutes and saw these were attended by GPs and representatives of the community care team. This meant that the practice worked in partnership with other services to meet the needs of patients.

We spoke with patients from a range of others services all of whom said that they had good working relationships with the staff and GPs at the practice. One health care professional told us, "The GP is really good; his empathy is excellent, the surgery is really supportive." They went on to say, "Liaising and telephone conferences with the GP outside of my practice visits are very effective."

We found that information about patients who had contacted the out of hour service was not always reviewed by a GP at the practice, as administration staff were assessing the circumstances and referring to the GP as they deemed appropriate. We brought this to the attention of the practice manager and business manager, and have since seen evidence that this practice has now ceased and all clinical post is seen and reviewed by a GP.

### Health Promotion & Prevention

There was a large range of health promotion information available at the practice. This included information on safeguarding vulnerable patients, requesting a chaperone, victim support, memory loss and a display on bowel cancer awareness month.

We were shown the new patient registration pack which included a new patient questionnaire, information about the NHS summary care records and a summary of the care records scheme with a patient consent form to opt in or out of the scheme attached. We saw the new patient questionnaire provided the opportunity for patients to identify themselves as carers or if they had a carer. One member of staff told us, "I have just had a call from a patient who told me they have a new carer. This will be recorded as on their patient record." This demonstrated that the practice identified patients who had carers as an indication that they may have particular health needs.

We noted a number of examples of patients' health being effectively promoted. 100% of patients registered with the practice and diagnosed with atrial fibrillation had been

# Are services effective?

## (for example, treatment is effective)

prescribed blood thinning medicines in line with recommended best practice. A high percentage of patients compared to the national average attended the practice for cervical smear tests. We were told the practice recently provided a themed awareness approach to encourage patients to attend for their cervical smears. One of the reception team told us 'The Pink Pants Campaign' had been very successful and was being followed by a prostate awareness campaign. Staff told us that appointments for patients started at 8.30am and that the practice offered bookable extended hours appointments. Alternatively appointments were available on a Saturday morning from 9.30unit; 11am. Staff told us that patients who are overdue for a cervical smear had an alert on their electronic medical record, so that they can be reminded about this. We saw evidence that the service provided convenient access for female patients who were offered cervical screening.

# Are services caring?

## Summary of findings

Patients and carers described the service provided as very good. Patients felt their views were listened to and were respected. Patients told us that they were involved in decisions about their care and treatment and they were treated with dignity and respect by both the clinical and non-clinical staff.

The GP Patient Survey undertaken in 2014 showed patients felt the doctors and nurses at the practice treated them with care and respect. We saw where patients did not have the capacity to consent, the practice acted in accordance with the legal requirements.

## Our findings

### Respect, Dignity, Compassion & Empathy

During our inspection we heard and observed good interactions between staff and patients Staff had a clear understanding of how they would protect patients' dignity. Consultations took place in rooms with an appropriate couch for examinations, and curtains to ensure patients' privacy and dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one. One patient wrote, 'Every time I attend the surgery the staff are caring and treat patients with respect. Staff take the time to listen to me and my concerns.' Another patient wrote, 'All the staff have been friendly, discreet and kind to me. They have been so kind and helpful and never judged me. They were all brilliant.'

During our inspection we saw that patients' confidentiality was respected when care was being delivered and during discussions that staff were having with patients. Facilities were available for patients to speak confidentially to clinical and non-clinical staff members.

All of the patients we spoke with during our inspection made positive comments about Lindum Medical Practice and the service they provided. One patient told us, "I am very happy with the surgery. The receptionists are excellent face to face or on the phone. Very good after bereavement and offered me care and support." Another patient told us, "I was worried about the baby but I phoned in and they told me to come to the surgery straight away to see the GP. The open access is brilliant too."

### Involvement in decisions and consent

Patients told us they had been given adequate time for consultation with their GP, at each appointment they had attended. We spoke with 13 patients who used the service and viewed 17 comment cards. Each of them told us that the clinician they had seen, or been treated by, had taken time to explain their diagnosis and proposed treatment.

Staff told us there were interpretation facilities available for patients who did not speak English, for example, there was a telephone language line available. A hearing loop was available on the telephone system for patients with hearing impairments. We saw the service liaised with Lincoln County Council for British Sign Language to support patients with hearing impairments.

# Are services caring?

We saw there was a protocol in place which set out how the provider involved patients in their treatment choices so that they can give informed consent. The protocol included information about patients' right to withdraw consent. There was reference to Fraser guidelines, a nationally recognised way of assessing whether children under sixteen are mature enough to make decisions without parental consent. Fraser guidelines and the revised Department of Health (2004) guidance for health professionals, states that children under 16 years can be legally competent if they have 'sufficient understanding and maturity to enable them to understand fully what is proposed'. This meant staff had access to guidance to involve and help patients' make informed consent about their care and treatment.

We spoke with the managers of two care homes for patients with a learning disability, where patients were registered with the service. One manager wrote, 'We have found this practice to be very helpful and supportive of the needs of our residents. All our residents receive an annual health check. The nurse has a good knowledge of the patients here and is particularly supportive. Over the years she has built up a good relationship with the home and its residents. We know that the Lindum practice will support patients and our staff.' Another home manager told us, "The surgery responds well to requests for appointments, the GP usually visits on the same day. The always speak directly to patients and include them in discussions. We are very happy with the surgery."

We looked at the Mental Capacity Act 2005 (MCA) policy for the practice. (The MCA is legislation designed to protect patients who can't make decisions for themselves or lack the mental capacity to do so.) The MCA policy contained the contact details for the independent mental capacity advocate and other support services, for example the community psychiatric team.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

We found that the practice understood the needs of the practice population and made reasonable adjustments according to the individual needs of patients. The service had effective arrangements in place to ensure that it could meet patients' needs with minimal delay.

## Our findings

**Responding to and meeting 's needs**

Where the practice was unable to meet the needs of the different patients it served in the local community, the practice provided information such as information for carers about local support services.

The business manager told us that there had been several changes within the GP partnership over previous years. We were told this 'Hasn't been ideal for patients' and the practice 'Fully understood patients' disquiet.' The practice had therefore used locum GPs when required. In order to prevent any shortfall in the service over the coming months, the practice had already established GP locum cover for the summer holiday period. This meant that cover provided by locums who had already worked with the practice would ensure some consistency of care.

There were systems in place to ensure that referral letters were sent out in a timely manner and test results were checked to monitor both referral agencies and patients received them promptly. Where patients were discharged from hospital the practice received hospital discharge information by fax or post depending on the urgency.

**Access to the service**

Patients were offered a range of appointments at the practice from Monday to Friday depending on their needs with extended hours appointments during evenings, early mornings and Saturday mornings. The appointments system and the number of staff were reviewed regularly to ensure the practice was operating effectively and where issues were found the appointment system had been amended. Patients told us the open access appointment system was 'brilliant'. Staff told us that when the open access appointments are full the Nurse Practitioner (NP) operated a telephone triage system. Staff took patients' contact details and a brief outline of their illness and this was then passed to the NP. The NP telephoned patients that morning to discuss their illness and allocate patients to an urgent on call GP, a GP in the practice or an appointment with the NP.

We saw the premises met the needs for patients who may have mobility needs. There was ground floor access to the practice and all consulting and treatment rooms were on the ground floor. The entrance and the reception area were big enough for patients with pushchairs and wheelchairs.

# Are services responsive to people's needs?

## (for example, to feedback?)

We saw that the consulting rooms were large and gave easy access to patients with mobility needs. There was also a toilet for disabled patients. We found there were accessible parking spaces available on the car park outside the main entrance. Staff we spoke with told us that they had access to interpreter or translation services for patients, a hearing loop on the telephone system and Lincoln County Council for sign language for patients with hearing difficulties.

### Concerns & Complaints

There was information on the practice website, in the reception area and in the practice leaflet about how to raise a complaint or concern with the service. The practice had a complaints policy. They had received 17 complaints between April 2013 and March 2014. The records showed that 11 of these had been resolved but for six there was not enough information to show an outcome. The practice manager told us they received and responded to all general complaints and brought any clinical complaints to the attention of the GP partners. Complaints were further discussed and reviewed at the practice meetings and lessons learnt shared with staff teams. There was no documentary evidence to show that these had been discussed at team meetings. Staff we spoke with told us complaints were often discussed in team meetings.

Patients we spoke with told us they would take any concerns they might have to reception or the practice manager. Staff told us they tried to rectify any concerns or adverse comments immediately. They said they gave patients who wished to make a complaint a copy of the procedure if the matter could not be resolved at the time.

We saw evidence of changes that had taken place as a result of patients' feedback. The service

used the acronym 'SMILE' on the staff noticeboard;

- S = Smile and greet
- M = Make the difference
- I = Involve yourself
- L = Lead by example
- E = Enhance patient experience.

One member of staff wrote, 'I would just like to say how great it is to work as part of a wonderful team, we are all singing off the same hymn sheet and everyone is there for each other. Nothing is too much trouble and they are all so friendly, this makes my job fantastic and I would not change a thing. 95% of our patients leave with a smile on their face. We are working towards the 100%.' Another member of staff told us, "Patients sometimes have a 'grumble' at the reception desk and we try and deal with it straightaway. If we can't help, the business manager will take over. On the whole Lindum practice is very friendly."

# Are services well-led?

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

## Summary of findings

There was a well-defined leadership and management structure, and areas of responsibility for each GP partner were clear. The partners and the managers we spoke with understood how they needed to take forward the practice in the future to improve the patients' experiences. The appointment system and nursing team had been restructured to improve efficiency and meet patients' expectations.

We saw that staff had an annual appraisal to enable them to reflect on their own performance with the aim of learning and improving the service. Staff told us they felt very supported. There was evidence of a range of team meetings, which included department meetings and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from stakeholders, in particular through the local clinical commissioning group (CCG) and the formation of a virtual patient participation group (PPG).

## Our findings

### Leadership & Culture

The practice manager, business manager and GPs told us of the changes the practice had been through over the last two years. Changes within the GP partnership had previously created an impact on the availability of appointments. The recruitment of a nurse practitioner and her role as a triage nurse along with the introduction of the open access appointment systems had reduced the impact on patient services. There was clear leadership within the practice, staff told us they felt supported and that the skill mix was working well.

### Governance Arrangements

The governance responsibility was shared between the practice manager, business manager and the GP partners, for example, one GP partner had the role of training lead and another GP was the safeguarding lead.

There were systems in place to identify risks such as appointment availability and GP cover arrangements.

Staff who worked at the practice received appropriate professional development and training. We saw evidence of regular training and course attendance supported by certificates. The courses attended included: basic life support, information governance, cardio pulmonary resuscitation (CPR) and fire safety. The practice manager told us some of the training was done through online training using computers. Child protection training had been completed by all GPs, nurses and other health care staff. This training was ongoing along with safeguarding of vulnerable adults (SOVA) and safeguarding children for reception and non-clinical staff. One member of staff told us, "We have a staff information board and a notification system on our computers to alert us to anything new. We each have a task box on the system and information regarding training comes up as a notification."

### Systems to monitor and improve quality & improvement

We found the practice manager, business manager and partners held regular practice meetings and these included reviewing the register of all accidents, incidents and significant events which had taken place, including lessons learned from them. There were also ongoing checks of the safe running of the practice such as legionella testing, replacing carpets in clinical areas and fire safety.

# Are services well-led?

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

The practice and business managers were aware of the needs of the population served by the practice. However further improvements were needed to effectively monitor and improve the quality of service, for example in relation to infection control, clinical and service auditing and auditing of emergency medicines and equipment.

The practice was not a member of Urgent Health UK, which validates the quality of care of each member organization by requiring it to participate and fund annual external audit. We were told that GP's were subject to external peer review through their annual appraisals.

### Patient Experience & Involvement

The practice described their attempts to develop an active Patient Participation Group (PPG) and in 2012 invited patients to join a PPG. The practice manager told us they had received little response to various attempts to encourage membership. The practice sought advice from the local Primary Care Trust and it was decided to form a 'virtual' PPG. This meant that the service would seek the views of its patients via email. We saw there were 338 patients willing to be contacted for surveys by the practice and 40 patients who were prepared to represent a Patient Reference Group (PRG).The practice undertook regular surveys and news and information was available on the practice website or at reception upon request.

We saw the group were involved in how the practice operated and contributed to any changes required following the patient survey. The patient survey action plan identified the need to access support from patient groups such as Healthwatch and Equality and Diversity, to establish contact with vulnerable groups in the community currently not represented by the PPG or PRG. The practice has undertaken to undertake future surveys on a quarterly basis and develop a quarterly newsletter which they plan to make available on the practice website and in reception.

### Staff engagement & Involvement

The practice management had systems in place which enabled learning and improved performance. For example, a significant event was noted during our inspection in relation to the handling of information from the out of hours service. The provider demonstrated it had learned from this and improved the arrangements by altering the process for handling the incoming information from the out of hours provider during our inspection.

The practice manager told us and we saw from records we looked at that appraisals were performed annually. This gave staff the opportunity to discuss their work and any training and development needs. Staff told us they felt supported. One member of staff told us, "I had my appraisal two weeks ago. We talked about my achievements from the past year and set a plan for the next year, courses I would like to go on to support my role. The practice is looking into it."

The business manager, represented local practice managers at the Lincolnshire West CCG board meetings. This enabled peer review and was an opportunity for shared learning. We found there was a willingness at all levels to respond to change to improve and enhance the service.

### Learning & Improvement

We spoke with a range of staff who confirmed that they received annual appraisals. We looked at six staff member's files and the records we saw supported this. This meant that staff were provided with an opportunity to reflect on their own performance with the aim of learning and improving the service provided. One member of staff told us, "We have regular training. Last year we had Health and Safety, First Aid and our annual Clinical Governance training. It was two full days, it was good." Staff told us they felt very supported. There was evidence of a range of team meetings, including department meeting and whole practice meetings.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on management seeking to learn from stakeholders, in particular through the local CCG and the formation of a virtual patient participation group.

### Identification & Management of Risk

The practice ensured that any risks to the delivery of high quality care were identified and addressed before they adversely impacted on the quality of care. Risks were discussed at the monthly practice meeting and any action taken or necessary was documented and cascaded to all staff.

# Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

## Summary of findings

Overall the service was responsive to the needs of older patients. Access to the surgery was via a ramped area. Hand rails were provided for support either side of any steps. The doors provided wide access for patients in wheelchairs as did the reception and treatment areas. Representatives from three local care homes, for older patients, we contacted told us they had a good working relationship with Lindum Medical Practice. We were told the practice team were all really helpful and never queried a request for a home visit.

## Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for older patients. Patients told us they were happy with the service provided and felt the GPs, nurses and staff were caring and treated them with respect. Patients told us that in times of bereavement the practice had been very supportive and offered access to other services such as counselling. There were systems in place to recognise patients' carers and their needs. There were monthly multidisciplinary meetings with the clinical staff which included local District Nurses and McMillan nurses. These meetings gave the practice the opportunity to discuss and review patients' care needs. We spoke with representatives of three care homes for older patients. We were told patients were supported to make informed decisions about their treatment and they were happy with the care the practice offered their residents.

# People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

## Summary of findings

Overall the service was responsive to patients with long-term conditions. Patients with long term conditions such as diabetes, coronary heart disease (CHD) or osteoporosis were supported with annual, or when required, health checks and medication reviews. The service provided a diabetic specialist nurse who attended the service once a week to undertake diabetic reviews. We were told some patients with multiple long term conditions may have to make separate appointments to be reviewed for each of their long term conditions.

## Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for patients with long term conditions. Patients with long term conditions such as epilepsy, diabetes and hypertension were offered regular reviews of their health conditions and medication. Patients told us that they were happy with the care and treatment they received and felt they were involved in decisions about their care and treatment. Patients were offered access to other health care services such as the diabetic specialist nurse.

# Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

## Summary of findings

Overall the service was responsive to mothers, babies, children and young people. The service had recently undertaken a review of feverish illness in children under five. This resulted in improvements in equipment in clinicians' rooms. People with young children and babies we spoke with told us the service was quick to respond to appointment requests for young children and babies. The service provided appointments for teenagers who request confidential advice on contraception and sexual health.

## Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for mothers, babies, children and young people. There was access to the community midwifery services. Patients we spoke with told us the practice was very supportive and prioritised urgent appointments for young children and babies. Staff were aware of the Fraser guidelines and would refer to the GP when assessing whether children under sixteen were mature enough to make decisions without parental consent.

# Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

## Summary of findings

Overall the service was responsive to the working-age population and those recently retired. The service offered bookable appointments which included early morning, late evening and Saturday morning appointments. The nurse practitioner offered telephone triage and directed patients to appropriate appointments when required. The practice and business manager audited the appointments system and staff availability to ensure any shortfalls in staff or appointment availability were responded to in a timely manner. The practice offered a choose and book referral service when patients needed to be referred to other services. Information on other services was also available.

## Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services for working age patients (and those recently retired.) Patients we spoke with were happy with the appointment system at the practice. We were told the extended hours appointments, weekend and evening appointments and open access availability were 'brilliant'. Staff told us the practice 'choose and book' referral system worked really well.

# People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

## Summary of findings

Overall the service was responsive to patients in vulnerable circumstances. Representatives from two local care homes for patients with a learning disability, told us patients at the care home and their support staff were very happy with the service Lindum Medical Practice provided. We were told the staff were very helpful and supportive. Patients we spoke with told us the doctors and nurses were approachable and happy to give help and advice. There was access to the drug and alcohol recovery services within the practice.

## Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services to patients in vulnerable circumstances. The practice provided the enhanced service contract for patients with learning disabilities. This meant that the practice identified patients aged 18 or over with the most complex needs and offered them an annual health check. A learning disability health liaison nurse worked closely with local care homes for patients with a learning disability and offered regular health checks and support to patients and staff. We saw posters in the reception advising patients and their families of services and support available, for example, there was information on local colleges offering learning opportunities to patients with learning disabilities. The business manager told us, “We are quite proud of the service we give patients with learning disabilities.” The practice liaised closely with other health services, for example the drug and alcohol recovery team.

# People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

## Summary of findings

Overall the service was responsive to patients experiencing poor mental health. The practice liaised with local community mental health teams and clinical psychologists as part of a multidisciplinary team. The practice liaised with the individual and offered regular health care reviews of their condition, treatment and medication.

## Our findings

During our inspection we saw the practice provided responsive, caring, effective and well led services to patients who may be experiencing poor mental health. Patients with ongoing mental health conditions were invited for annual health checks. These checks included other health checks, for example cervical smears, blood pressure checks and smoking cessation advise. The practice offered a reminder service to patients to promote attendance at health care reviews and medication reviews. Patients who did not attend were contacted by the practice nurse immediately, normally by telephone, and an attempt would be made to encourage patients to attend the review. The practice liaised closely with other health services, for example the community mental health team.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010<br><br>Cleanliness and infection control.<br><br>How the regulation was not being met: Cleaning schedules were not in place for all areas of the practice. Cleaning schedules were not reviewed. Regulation 12 (2), (c), (i). |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010<br><br>Supporting workers.<br><br>How the regulation was not being met: References were not always sought when staff were recruited and where verbal references had been given these were not recorded in staff files.<br><br>Regulation 21 (a),(i), (ii), (c), (i), (ii). |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010<br><br>Records.<br><br>How the regulation was not being met: Patients' medical records were not all stored securely, which meant there was a possibility of unauthorised access.<br><br>Regulation 20 (2),(a). |

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Compliance actions

Treatment of disease, disorder or injury

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010

Assessing and monitoring the quality of service provision.

How the regulation was not being met: The provider did not have an effective system in place to identify, assess and manage risks to the health and welfare of people who used the surgery and others. There was no process in place for checking the equipment, medicines and emergency medicines and equipment available at the surgery.

Regulation 10 (1),(b).