

# Stuart House Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

**Requires improvement**



Are services effective?

**Requires improvement**



Are services caring?

**Good**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Requires improvement**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Stuart House Surgery is located in the town of Boston, Lincolnshire and provides primary medical services to approximately 8,382 patients.

We carried out a comprehensive inspection on 16 and 21 October 2014. We spoke with patients and staff including the management team. The inspection focussed on whether the care and treatment of patients was safe, effective, caring, responsive and well led.

The overall rating for Stuart House Surgery is 'requires improvement'.

We found the practice to be good in the caring and responsive domains and requires improvement in the safe, effective and well-led domains.

Our key findings were as follows:

- Patients were treated with compassion, dignity and respect.

- Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies.
- Staff understood their responsibilities to raise concerns, and report incidents and near misses.
- Patients reported good access to the practice, that they had a named GP and continuity of care, with urgent appointments available the same day.

There were areas of practice where Stuart House Surgery need to make improvements. We have asked the practice to take action on six issues where we found that improvements were needed.

Importantly, the provider must:

- have a robust business continuity plan.
- ensure that all staff who undertake the role of chaperone must have knowledge, skills and competencies required for the role.
- have a robust system in place for the recruitment of staff.
- have a system in place to audit infection prevention and control.

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- have secure systems in place for the management and security of medical records held in paper format.
- must notify the Care Quality Commission (CQC) of changes, events and incidents affecting their service or the people who use it.
- have a system in place to manage and learn from concerns and complaints

In addition the provider should:

- have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt.

For example, significant events and complaints. Meetings should be minuted in order to record summaries of topics discussed and actions to be taken.

- use translation services to ensure that the practice delivers safe, effective, patient focused care for people who are limited English proficient due to impairment or because their first language is not English.
- policies in place which are appropriate and regularly reviewed.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for safe as there are areas where improvements must be made. Staff understood their responsibilities to raise concerns, and report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learnt were not communicated widely enough to support improvement. Risks to patients who used services were assessed but systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice must have a system in place to audit infection prevention and control, and evidence that cleaning has been carried out on a regular basis and all areas are clean and hygienic.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for effective as there are areas where improvements must should be made. Knowledge of and reference to National Guidelines was inconsistent. There were no completed audits of patient outcomes. We saw no evidence that audit was driving improvement in performance for patient outcomes. Multidisciplinary working was reportedly taking place but was generally informal and record keeping was limited or absent

Requires improvement



### Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. The practice had access to but did not use online and telephone translation services. They had a receptionist who spoke several languages. The practice encouraged patients to bring a representative who could translate for them.

We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



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

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same

Good



# Summary of findings

day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

## Are services well-led?

The practice is rated as requires improvement for well-led. The practice had a vision and but no strategy to deliver this. Not all staff were aware of this and their responsibilities in relation to it. There was a leadership structure documented and staff felt supported by management and were clear who to go to with issues. We saw no evidence that audit was driving improvement in performance for patient outcomes. The practice had a number of policies and procedures to govern activity, however some of these were overdue a review. Meetings were held but not routinely minuted. There was no set agenda, for example, to include significant events, complaints, safety alerts or best practice guidance or evidence of shared learning. The practice sought feedback from patients and had an active virtual patient participation group (vPPG). The practice did not have a robust system for the recruitment of staff. Staff had received inductions and nearly all staff had received regular performance reviews.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

We saw no evidence that audit was driving improvement in performance for patient outcomes.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care.

Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

Patients we spoke with told us that their health care needs were met by the practice.

We spoke with the managers of two care homes who had patients registered at the practice. They told us the practice was very responsive to their patients' needs. They told us the GP's were proactive and would regularly review people with complex needs.

**Requires improvement**



### People with long term conditions

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

Emergency processes were in place and referrals were made for patients whose health deteriorated suddenly.

Longer appointments and home visits were available when needed.

All patients with a long term condition had a recall date added to their medical records. The practice had an administrator whose role included annual reviews for all patients with long term conditions.

However, not all these patients had a named GP or a personalised care plan to check that their health and care needs were being met.

The practice took part in the unplanned admissions enhanced service which aimed to reduce unnecessary emergency admissions to secondary care.

**Requires improvement**



# Summary of findings

Referrals to secondary care were made appropriately. Most patients we spoke with told us they had been referred in a timely manner but some patients said they had not been given a choice of what hospital to go to.

We saw no evidence that audit was driving improvement in performance for patient outcomes.

## **Families, children and young people**

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours.

Parents of new born babies were sent a congratulation letter by the practice. They are invited to a post natal check which is carried out by a GP and gives new parents the opportunity to discuss any concerns.

We saw no evidence that audit was driving improvement in performance for patient outcomes.

**Requires improvement**



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

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

The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.

The practice offered extended opening hours for appointments from Monday to Friday for those patients who were unable to attend surgery during normal working hours.

Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

We saw no evidence that audit was driving improvement in performance for patient outcomes.

**Requires improvement**



# Summary of findings

## People whose circumstances may make them vulnerable

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

The practice held a register of patients living vulnerable circumstances including homeless people, travellers and those with learning disabilities.

The practice had carried out annual health checks for people with learning disabilities and a recall date set in their medical records, however there was no evidence that these had been followed up.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children.

Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

We saw no evidence that audit was driving improvement in performance for patient outcomes.

Requires improvement



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

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

People experiencing poor mental health were recalled each year for an annual physical health check. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. It did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

The practice worked with other services to review and share care as required with specialist teams, for example, the Drug and Alcohol Recovery Team (DART).

We saw no evidence that audit is driving improvement in performance for patient outcomes.

Requires improvement





# Summary of findings

## What people who use the service say

We spoke with 15 patients who had attended the surgery for a consultation with a GP or nurse during our inspection.

The majority of the patients told us the service provided by the practice was wonderful and they were treated with dignity and respect. They said they found that the staff were professional and gave good advice. They felt included in decision making, listened to and respected. They felt they were able to express opinions, which were taken into account. A few patients told us that they had

not been given any choice in which hospital they could attend for appointments and tests, they had a long wait to be seen for their appointment and the music in the waiting room was loud.

We reviewed nine comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received. The comment cards reviewed were extremely positive. Patients felt the service provided by the practice was professional and staff were excellent. They also described the practice as caring, efficient and felt they were treated with dignity and compassion.

## Areas for improvement

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

All staff who undertake the role of chaperone must have knowledge, skills and competencies required for the role.

The practice must have a system in place to audit infection prevention and control and evidence that cleaning had been carried out based on an assessment of risk and all the areas were clean and hygienic.

The practice must have a robust system in place for the recruitment of staff.

The practice must have a robust business continuity plan

The practice must have secure systems in place for the management and security of paper medical records.

The practice must notify the Care Quality Commission (CQC) changes, events and incidents affecting their service or the people who use it.

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

The practice should have full team practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt. For example, significant events and complaints. Meetings should be minuted in order to record summaries of topics discussed and actions to be taken.

The practice should have a system in place to manage and learn from concerns and complaints.

The practice should use translation services to ensure they deliver safe, effective, patient focused care for people who are limited English proficient due to impairment or because their first language is not English.

The practice should have policies in place which are appropriate and regularly reviewed.

# Stuart House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included an additional CQC Inspector, a GP, a GP practice manager and an expert by experience. An expert by experience is a person who has had experience of using this type of service and helped us to capture the views and experiences of patients.

A member of the Lincolnshire Local Medical Committee (LLMC) joined the inspection team to observe how the CQC carried out a new approach inspection. LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.

### Background to Stuart House Surgery

Stuart House Surgery provides primary medical services to approximately 8,382 patients in Boston Lincolnshire.

At the time of our inspection the service employed two GP Partners, two salaried GP's (two male, two female), one practice manager, one reception manager, two nurse practitioners, four practice nurses, two health care assistants, 11 reception/administrative staff and one phlebotomist.

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

The premises was suitable for patients with reduced mobility. The building provided good access on ground floor level with, accessible toilets and car parking facilities.

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

Lincolnshire East CCG (LECCG) serves a population of 241,000 registered patients, The CCG is predominantly rural, covering an area of 1060 square miles. There are significant areas of deprivation, particularly in Boston and Skegness, and the CCG is ranked 79 out of 211 in terms of deprivation (with 1 being the most deprived). 10% of the population are aged 75+, and this will increase to 16% by 2025.

In addition to the permanent population the CCG and Stuart House surgery serve migrant populations.

Boston and South Holland host some of the highest levels of migrant workers in England. As of July 2012, 15,276 patients registered with Lincolnshire GPs were born in eastern European countries, for example, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia. The majority of whom are registered with Lincolnshire East CCG GP practices.

It is recognised that Stuart House Surgery have had a particular challenging year. One GP retired and the recruitment process for a new GP had commenced in August 2013 but had been unsuccessful. At the start of the 2014 the practice had five GPs in the surgery. By April 2014 the practice was down to three GPs and a patient list of 8,500. All the staff at the surgery worked longer hours to ensure that patient safety was maintained. The practice

# Detailed findings

have now employed a new part time GP and two nurse practitioners. A nurse practitioner is a registered nurse (RN) who has additional education and training in a specialty area such as family practice, minor illnesses or paediatrics.

Stuart House Surgery has 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.

The practice used a computer system called SystmOne which had the ability to flag patients who were vulnerable, for example, did not have any fixed abode (NFA), suffered from dementia or a learning disability. SystmOne provided the practice with an electronic patient record which supported clinicians in delivering the highest quality clinical care.

The practice had a website which we found had an easy layout for patients to use. It enabled them to find out a wealth of information about the healthcare services provided by the practice. The website had the facility to change font sizes for easier reading. Information on the website could be translated in many different languages by changing the language spoken. This enabled patients from eastern Europe to read the information provided by the practice.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before we visited Stuart House Surgery we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We asked the practice to put out a box and comment cards in reception where patients and members of the public could share their views and experiences.

We reviewed seven comment cards and all were overwhelmingly positive and described excellent care given by staff who were kind, caring and considerate.

We carried out an announced inspection on 16 and 21 October 2014. During our inspection we spoke with 15 patients who used the service. We spoke with representatives from two care homes who provide nursing care to patients who were registered with the practice.

The practice had a virtual Patient Participation Group (vPPG). A vPPG is a group of patients who take an active interest in the practice without attending meetings. They are able to exchange views, participate in surveys and the practice can consult from time to time by email.

We spoke with 14 members of staff which included three GPs, three nurses, two health care assistant, three

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administrative staff and two receptionists. On our second visit we spoke with the practice manager and the registered manager. We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

# Are services safe?

## Our findings

### Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example a patient had received incorrect medication. The incident had been investigated and it was found to be a pharmacy error. The practice had put measures in place to avoid a repeat of this incident.

We reviewed safety records and incident reports for the last 12 months but the minutes of meetings we looked did not provide evidence that they were discussed and lessons were learnt. Whilst the practice had managed these consistently over time they could not evidence a safe track record over the long term.

We spoke with patients and reviewed comments cards completed by them during our visit to Stuart House Surgery. Patients told us they had confidence in the staff who worked at the practice and felt that the care they received was safe.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last 12 months and these were made available to us. A significant event is 'A process in which individual episodes are analysed in a systematic and detailed way to ascertain what can be learnt about the overall quality of care, and to indicate any changes that might lead to future improvements.' We saw evidence of an annual review for significant events which had last taken place in February 2013 but the practice could not evidence that the findings were disseminated to all relevant staff to ensure lessons were learnt.

We spoke to the lead GP and practice manager who agreed that the annual review was well overdue. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be discussed at practice and felt encouraged to do so.

We saw incident forms were available to staff. Once completed these were sent to the practice manager who showed us the system she used to oversee these were managed and monitored. We tracked five incidents and saw records were completed in a comprehensive and timely manner. We saw some evidence of action taken as a result. For example, further education regarding messages taken by phone and when a staff member should consult with a GP.

National patient safety alerts were disseminated by email to practice staff by the practice manager as outlined in the practice policy. In practice and in the GP partners meeting minutes we looked at we did not see significant events or safety alerts discussed. Therefore there was no evidence that staff were kept up to date on practice issues and lessons learnt from significant events to ensure patient safety. For example, safety alerts such as those disseminated by the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts are sent where there are concerns over the quality of the medication or equipment. This could affect the patient in terms of the safety or effectiveness of the medication or equipment. There was no evidence that new guidelines for best practice, the implications for the practices performance and patients had not been discussed.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out-of-hours. Contact details were easily accessible.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children who had been trained to a level to enable them to fulfil this role. All staff we spoke with were aware who this lead was and who to speak to in the practice if they had a safeguarding concern.

## Are services safe?

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments

Information was visible on the waiting room noticeboard and in consulting rooms for the use of a chaperone. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure and is a witness to continuing consent of the procedure. After the inspection we were sent the chaperone policy which makes reference to Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings. It advised that members of staff who undertake a formal chaperone must have knowledge, skills and competencies required for the role. There were no records to show that the staff had the right skills and knowledge in this area and non-clinical staff we spoke with confirmed that they had not received any training.

Patient's electronic records were written and managed in a way to help ensure safety. Records were kept on an electronic system called SystmOne which collated all communications about the patient including scanned copies of communications from hospitals. SystmOne provided the practice with an electronic patient record which supported clinicians to deliver the highest quality clinical care. A patient's clinical information would be instantly available, not only across the primary medical services but also to other clinical colleagues. Shared clinical information meant a more efficient service and more importantly, a better service for patients.

There was not a robust system in place for the management and security of paper patient records (medical records). We found an unlocked cabinet on the first floor which contained these standardised paper folders. These notes contained crucial historical medical records for patients. We also found an unlocked room which also contained paper medical records which meant that any person who had access to the first floor could obtain personal information about a patient. We asked the practice to take immediate action to ensure the safety and security of confidential patient information. Before the inspection had finished the room had been locked and the notes had been removed from the unlocked cabinet.

When we analysed information received from the practice prior to the inspection we found that the practice had not

notified the Care Quality Commission about events and incidents that had affected their service or the people who used it. The Health and Social Care Act 2008 (HSCA) states that all registered providers must notify the Care Quality Commission (CQC) about a number of changes, events and incidents affecting their service or the people who use it. On our second visit we spoke to the practice manager and registered manager and they advised us that they would complete the necessary forms in future.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

### Medicines Management

One of the practice's GP's had medical accountability for medicines management.

We looked at how the practice stored and monitored medication. This included emergency medicines and vaccines. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We found that the system in place to record medicines used from this storeroom was not robust. The name of the medicine used from the storeroom together with a signature were recorded in a small notebook but there were no regular checks carried out to ensure that the number of medicines left on the shelf was correct.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

After the inspection we received a self-assessment and annual declaration for the safe management of controlled drugs (CD's). This was not a robust system as the main form had been filled in but the declaration form had not been dated and signed to identify who and when it had been carried out. CDs, for example: morphine, pethidine or methadone are controlled under the Misuse of Drugs legislation. Stricter legal controls apply to prevent the drugs being misused, obtained illegally or causing harm.

We saw evidence that vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. The practice had a cold chain log in reception where staff recorded the



## Are services safe?

time vaccines were delivered and time when vaccines were put in the medicines refrigerator. The practice had a policy for safe and secure handling of non-controlled drugs and medicine.

There was a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Stuart House Surgery worked with the Drug and Alcohol Recovery Team (DART). DART provide support and treatment to patients aged 18 or over, who experience problems with drugs and/or alcohol use. Patients were seen by the DART team on a fortnightly basis. We saw a policy for staff to refer to and we were told by a GP that prescriptions were signed by either of the two GP partners. The blue prescription is specifically for methadone and is carefully controlled and followed strict guidelines. Good practice guidelines recommend a maximum supply of 14 days medication.

The practice used the Electronic Prescription Service (EPS). EPS is an NHS service and it gives people more choice about where to get medicines from. The GP can send a prescription electronically to a place chosen by a patient. They can be collected from a pharmacy near to where a patient lives, works or shops. They also had arrangements in place to ensure people collecting medicines from these locations were given all the relevant information they required.

### Cleanliness & Infection Control

We observed the premises to be clean and tidy.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training.

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control

We saw that cleaning schedules were in place however there was no system in place to audit and evidence that all cleaning had been carried out based on an assessment of risk and all the areas were clean and hygienic.

The practice had policies and procedures which related to infection prevention and control. For example, hand hygiene and disposal of sharps. Personal protective equipment which included disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. There was also a policy for needle stick injuries.

We saw an infection control audit tool for 2013/14. The audit aimed to ensure that Stuart House Surgery was as safe environment for patients and staff. The practice achieved an overall score of 95 out of 100. An action plan was produced but the actions had not been taken. We looked at some practice meeting minutes but infection prevention and control was not an agenda item which meant that staff were not kept up to date on the findings and actions of the audit.

The practice had a policy for the management, testing and investigation of legionella. The most common sources are water tanks, hot water systems, fountains and showers. Any service with public access to their water system has a duty of care to ensure there is a risk assessment in place to ensure legionella does not become a danger to health. We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

### Equipment

Patients were protected from the risk of unsafe equipment. The practice had arrangements in place to ensure equipment was maintained and safe to use. We saw equipment was in good working order.

There was appropriate equipment available for use in the assessment of patients health and treatment of medical conditions. All equipment was regularly cleaned, checked and calibrated as per the manufacturer's instructions. The

## Are services safe?

practice had appropriate facilities to carry out consultations and there was a dedicated theatre for minor operations and treatment rooms used by the nurses for dressing changes and immunisations.

Maintenance records were available for safety equipment such as fire extinguishers and fire alarm. Staff told us calibration was undertaken on the equipment which required it, on an annual basis and all equipment in the practice had been recently calibrated.

### Staffing & Recruitment

The practice did not have a robust system in place for the recruitment and retention of staff. We looked at four recruitment files. We looked at the file for the most recent new member of staff. The records did not contain evidence that recruitment checks had been undertaken prior to employment. For example, registration with the appropriate professional body, and criminal records checks via the Disclosure and Barring Service. A second file we looked at contained a record for Disclosure and Barring but did not contain proof of identification, qualifications or references. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups which include children. It replaces the Criminal Records Bureau (CRB) check.

We spoke with the practice manager on our second visit to the practice. They told us the practice had a recruitment policy that set out the standards that should be followed when recruiting clinical and non-clinical staff. They told us they would develop a checklist to ensure that all areas of recruitment were covered.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rotas were provided for staff at least one month in advance. Annual leave requests were booked via the computer system in order for management to plan to cover annual leave.

All the GPs employed at the practice were part of the local NHS Medical 'Performers List'. Any doctor who wishes to perform general medical services (GMS) must be on a performers list. The list provided an extra layer of reassurance for the public that GPs, Dentists and Opticians

practicing in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as the Disclosure and Barring Service.

Staff told us there were now enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. This had not been the case at the beginning of 2014 when the practice only had two GPs. They also said that teamwork had got them through a difficult period.

### Monitoring Safety & Responding to Risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. We saw that the practice had a health and safety policy which had recently been reviewed and updated. In line with the policy we saw that an environmental risk assessment had been completed and looked at the potential risks to staff, patients and contractors who visited the practice.

We saw that clinical equipment for use in a medical emergency was stored securely in a treatment room. Signage for this equipment was visible in the event of an emergency. In line with the policy we saw that environmental risk assessments had been conducted that looked at the potential risks to staff, patients and contractors who visited the premises.

The practice had specific reports which covered the management of maintenance of the premises. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see.

Identified risks were included on a risk log. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. We saw minutes of the GP partners meetings and risk was not discussed on any of the minutes we looked at. We spoke to the management team about documentation of meeting minutes and were told that they would ensure notes were taken of meetings held in the future.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health



## Are services safe?

and well-being or medical emergencies. For example, for patients with long term conditions there were emergency processes in place. Staff gave us examples of referrals made for patients who had had a sudden deterioration in health

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Basic life support refers to maintaining the airway open to support breathing and the circulation without the use of equipment other than a protective device.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

We checked the emergency equipment box and found that none of the equipment, for example, airways were in single use packets. Single use packets guarantee a completely clean and sterile instrument for every patient. They are used once and disposed of, removing the need for lengthy cleaning processes. We saw a checklist which demonstrated that the contents were checked monthly. We spoke to the practice following our inspection and they confirmed they would take action to address the issues.

Emergency medicines were available and all staff we spoke to knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and

hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. Hypoglycaemia is deficiency of sugar (glucose) in the bloodstream. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with some emergencies that may impact on the daily operation of the practice. We found that each risk had not been rated and mitigating actions recorded to reduce and manage the risk. On the day of the inspection there was a national problem with practice computerised patient records, SystmOne. This meant that the practice had to manage the patients who attended the practice without their electronic patient system. The practice managed this problem well and patient safety was maintained. We checked the business continuity plan and found that a breakdown in SystmOne was not covered by the plan. We spoke to the management team after the inspection who told us they would update the plan to include problems with the electronic patient system.

The practice had a policy for fire safety. It was a draft policy with no review date. A policy must be reviewed to ensure that it is effective and relevant. We saw evidence of weekly fire alarm checks and the fire system had been serviced in March 2014. We saw fire risk assessments and a certificate of inspection from July 2014. We spoke with the management team about the policy and were told that they would review and update it after the inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a co-ordinated and effective way.

The practice actively participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). (QOF) is system used to monitor the quality of services in GP practices. QOF consisted of groups of indicators against which practices score points according to their level of achievement.

The practice took part in the local enhanced services schemes (LES) set out by the NHS Lincolnshire East Clinical Commissioning Group (CCG). LES are schemes agreed by CCG in response to local needs and priorities, for example avoiding unplanned admissions and extended hours access scheme. The practice ensured that patients had access to appropriate health checks and assessments.

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. The staff we spoke with and evidence we reviewed confirmed that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

There were systems in place for monitoring and treating patients with long term conditions such as diabetes, heart disease, respiratory conditions and chronic obstructive pulmonary disease (COPD). Patients were reviewed and monitored by the nursing team.

The practice was commissioned by NHS England to take an enhanced role in monitoring and reducing avoidable unscheduled hospital admissions. Up to date information

was available via the SystmOne computerised records system so that all agencies involved in the treatment of patients including the out-of-hours services were aware of patients' needs.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral. We saw minutes from meetings but we did not see regular reviews of elective and urgent referrals so that improvements to practise could be shared with all clinical staff.

### Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. It used the Quality and Outcomes Framework to assess its performance but had not done regular clinical audits. QOF data showed the practice performed well in comparison to local practices.

A GP in the practice undertook minor surgical operations, for example, vasectomies in line with their registration under the Health and Social Care Act 2008 and NICE guidelines. The staff were appropriately trained and kept up to date with their knowledge.

The practice showed us three clinical audits that had been undertaken in the 2013, for example, treatment of Gout, a post-operative vasectomy audit and the use of Cefaloxin. In all three audits there was no action plan or a date to review actions. The lead GP told us that the practice had not carried out any audits in 2014 due to the decreased number of GP's and it was an area that needed development now that the number of GPs had increased.

The practice also used the information they collected for the QOF and their performance against national programmes to monitor outcomes for patients. For example, 97.52% patients had received anticoagulation treatment which was above the national average of 90.71%.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed

# Are services effective?

## (for example, treatment is effective)

the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

We were told and we saw evidence that women registered at the practice were routinely invited to have cervical screening tests (also called smear tests). The practice took part in the 'The Pink Pants Campaign' launched by the Early Presentation of Cancer Programme (EPOC) which was an initiative to encourage patients to attend their appointments for cervical screening.

The practice also participated in local benchmarking run by the NHS Lincolnshire East CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. We looked at data from September 2014 and the practice scored 99.97% overall in QOF against a national benchmarking of 97.0%. This benchmarking data showed the practice had outcomes comparable to other services in the area. Complete, accurate and timely performance information was published by the practice on their website. This included results of the patient survey and the action plan which identified areas for improvement and how these would be achieved.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with mandatory courses such as basic life support.

All GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Revalidation is required only to maintain a licence to practise in the UK. It is not required to maintain General Medical Council registration.)

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses.

Nurse practitioners and practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines and cervical

cytology. Those with extended roles for example seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate they had appropriate training to fulfil these roles.

The practice had named GPs and nurses to act as leads for overseeing areas such as safeguarding and infection control. Two nurses had undertaken specialist training in the treatment of minor injuries and illnesses such as colds, flu and limb injuries. This enabled the GPs to prioritise other health needs and conditions.

### Working with colleagues and other services

Staff we spoke with said that they had a close working relationship with other members of the multi-disciplinary team, for example, community nursing team, palliative care team and local mental health providers. The close working relationships between the teams ensured that patients experienced a journey which was streamlined by the development of individual treatment plans that are based on 'best practice'.

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out-of-hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice worked with other outside providers. These included a health trainer who specialised in diet and health regimes and the Drug and Alcohol Recovery Team for patients who had drug and alcohol dependence.

The practice was commissioned for the new admission avoidance enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services are services which require an enhanced level of service provision above what is normally required under the core GP contract).

The practice held monthly multidisciplinary team meetings to discuss the needs of patients with more complex needs e.g those with end of life care needs or children on the at

# Are services effective?

## (for example, treatment is effective)

risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

When patients were seen by the out-of-hours (OOH) doctors, service information was shared with the practice which advised that the patient had been seen and the outcome. If a follow-up appointment was necessary by the practice for continuity of care or due to the risks presented, then this was actioned.

Staff from two local care homes told us that they felt Stuart House Surgery were proactive and reviewed and treated patients who lived at the homes. Home visits were easy to arrange when a patient's health deteriorated. One member of staff told us they had good working relations with the GP's and staff at the practice and they felt they received a good and effective service.

### Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the out-of-hours provider to enable patient data to be shared in a secure and timely manner.

Electronic systems were also in place for making referrals, and the practice made referrals last year through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Patients we spoke with told us they had been referred to a number of hospitals but had not been made aware of the Choose and Book system or given a choice in which hospitals they could choose to go to.

The practice had signed up to the electronic Summary Care Record and had plans to have this fully operational by 2015. (Summary Care Records provide healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information).

The practice had systems in place to provide staff with the information they needed. An electronic patient record on SystmOne was used by all staff to coordinate, document and manage patients' care. All staff were trained on the

system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

Patients we spoke with and comments we reviewed told us they were treated with respect and as partners in their care and treatment. Patients said they felt listened to by staff by the practice and they told us they received information about their condition or illness.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted. We found that where patients had capacity to make their own decisions, appropriate consent was obtained.

Staff we spoke with identified that there was a language barrier with some patients from eastern Europe particularly when trying to obtain consent. The practice had a receptionist who spoke several different languages but the practice staff often relied on relatives of a patient or the use of Google Translator. We were told by the practice that they did not use any external translation services for patients who attended the practice.

We found that some staff were aware of the Mental Capacity Act 2005 and Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). All the clinical staff we spoke had an awareness of the legislation and were able to describe how they implemented it in their practice.

### Health Promotion & Prevention

Stuart House Surgery had a website which we found had an easy layout for patients to use. It enabled them to find out a wealth of information about the healthcare services provided by the practice.

There was a range of health promotion information available at the practice. This included information on flu awareness, Macmillan support, cervical cancer, breast cancer in over 70's and health eating. Systems were in place to promote current guidance and encourage patients to attend relevant screening programmes, for example bowel screening or an NHS health check to help identify and minimise risk factors. There were also leaflets signposting patients to other local and national support and advice agencies.

# Are services effective?

(for example, treatment is effective)

The practice had arrangements in place for the support of patients who were carers to others. We were told and we saw that a carer's information was available for patients who had identified themselves as a carer. Where appropriate referrals were made so that patients and their carers received additional support in accordance with their identified needs.

The practice nurse team said they were responsible for the recall, monitor and health education of patients with long term conditions. These included asthma, diabetes, hypertension, and coronary heart disease; they also carried out cervical smears. We were told blood tests and screening checks were carried out on these patients as set out in the National Institute for Health and Care Excellence (NICE) guidance. NICE provided national guidance and advice to improve health and social care. Where people failed to attend, we were told the reception staff would offer another appointment. This ensured people could be confident their long term conditions were being managed effectively.

The practice nurse told us how the risks, benefits and alternative options were discussed with patients when their long term conditions required a review. They told us how they monitored and reviewed the care and their treatment.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional support. For example, the practice kept a register of all patients with learning disabilities and they were offered the opportunity to have an annual physical health check every 12 months.

We were told annual flu vaccines continued to be offered to patients and included those in vulnerable groups. For example, patients who suffered from asthma and other long term conditions. Where patients had visited the practice for another appointment, the nurse said they were offered the vaccine so they would not have to make another appointment.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

Before the inspection took place we asked people who used the service to complete comments cards. We received seven completed cards. The comments were all positive and patients who completed the cards said the practice gave a high standard of care and all the staff treated them with respect and compassion.

We also spoke with 15 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected at all times.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in most consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2014 national patient survey, and the October 2013 survey sent to patients by the practice's virtual Patient Participation Group (vPPG).

Data reviewed from the national GP patient survey showed the practice was rated 'good' by patients. 89% of patients would recommend the practice to others. 93% described the overall experience of their GP as good or very good. The national GP Patient Survey allows patients to see how their practice was doing and helps them choose a new one if needed.

The vPPG survey results were seen to be mostly positive. 89% described the overall experience as good and 98% had confidence in the doctors and nurses who worked at the practice. The evidence from both these sources showed patients were highly satisfied with how they were treated and that this was with compassion, dignity and respect.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 89% of practice respondents said the GP involved them in care decisions and 88% felt the GP was good at explaining treatment and results. Both these results were above average compared to CCG regional average.

The results from the practice's own satisfaction survey showed that patients said they were sufficiently involved in making decisions about their care.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 94% of respondents to the virtual patient participant group survey (vPPG) said they felt listened to and when needed they were helped to access support services to help them manage their treatment and care. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff treated them with respect and dignity. Staff also responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room also signposted people to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had some systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The NHS Local Area Team (LAT) and NHS Lincolnshire East Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of the Boston Locality practice manager meetings where improvements had been discussed. Actions had been agreed to implement service improvements and manage delivery challenges to its population. For example, avoiding unplanned admissions and the falls prevention project.

Longer appointments were available for people who needed them and those with long term conditions. They also included appointments with a named GP or nurse. Home visits were made to local care homes and housebound patients by a named GP.

The practice was in the process of completing the suggestions for improvements and making changes to the way it delivered services as a consequence of feedback from the virtual Patient Participation Group (vPPG). For example, monitoring the appointment system, encouraging the use of text reminders, creating a practice newsletter and looking at introducing an extra phone line.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the patient and their families care and support needs.

### Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. For example, those with a learning disability. The practice website had the facility to change font, for patients who had sight problems and information could be translated into many different languages.

The practice had access to but did not use online and telephone translation services. They had a receptionist who spoke several languages. The practice encouraged patients to bring a representative who could translate for them.

### Access to the service

Appointments were available from 9am to 6pm on weekdays. The practice had extended hours Monday 6:30pm to 7:45pm and Wednesday 6:30pm to 7:30pm which were particularly useful to patients with work commitments. Nurse appointments were available Monday to Friday 9am to 5pm. The practice had recently employed two nurse practitioners which had increased the number of appointments available. The practice also had 'sit and wait' session for on the day urgent appointments.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. 86% of patients in the July 2014 national GP patient survey and comments received from patients showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice.

The practice was situated on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs, and prams, and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

not been reviewed since November 2012 and was not 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, a summary leaflet. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at five complaints received from November 2013 to August 2014. We found they had been handled and dealt with in a timely way.

The practice reviewed complaints on an annual basis to detect themes or trends. We looked at the report for the last review and there were no recurrent themes. There was no action and no information to show if any lessons had been learnt. Minutes of practice meetings did not show that complaints had been discussed. There was no robust system in place to ensure that all staff were able to learn and contribute to determining any improvement action that might be required.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and Strategy

The management team told us of the changes the practice had been through over the last year and there was a clear understanding of how they needed to take the practice forward in the future to deliver high quality care and improve outcomes for patients.

We spoke with 14 members of staff and they all acknowledged the challenging year the practice had been through. All members of staff felt the practice was well led and that clear lines of responsibility were in place.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at 16 of these policies and procedures. Ten out of the 16 policies and procedures we looked at did not have a review date. Policies need to be reviewed on a regular basis to ensure they remain effective and relevant.

The practice held regular meetings but we found that not all issues were discussed and formally minuted, for example, patient safety and complaints. We spoke to the management team who acknowledged that minutes should be taken to ensure a record was kept.

We reviewed safety records and incident reports for the last 12 months but the minutes of meetings we looked did not provide evidence that they were discussed and lessons were learnt. Whilst the practice had managed these consistently over time they could not evidence a safe track record over the long term.

We saw evidence of an annual review for significant events which had last taken place in February 2013 but the practice could not evidence that the findings were disseminated to all relevant staff to ensure lessons were learnt. A significant event is 'A process in which individual episodes are analysed in a systematic and detailed way to ascertain what can be learnt about the overall quality of care, and to indicate any changes that might lead to future improvements.'

We found that the system in place to record medicines used from this storeroom was not robust. The name of the

medicine used from the storeroom together with a signature were recorded in a small notebook but there were no regular checks carried out to ensure that the number of medicines left on the shelf was correct.

The practice did not have a robust system in place for the recruitment and retention of staff. We looked at four recruitment files. We looked at the file for the most recent new member of staff. The records did not contain evidence that recruitment checks had been undertaken prior to employment. For example, registration with the appropriate professional body, and criminal records checks via the Disclosure and Barring Service.

A business continuity plan was in place to deal with some emergencies that may impact on the daily operation of the practice. We found that each risk had not been rated and mitigating actions recorded to reduce and manage the risk.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the senior partner was the lead for safeguarding. Staff we spoke with were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that practice meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues.

Staff also felt able to express their views and raise any concerns with the practice manager.

Staff told us they had opportunities to share information but meetings were not minuted on a regular basis.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example, new recruitment, selection, interview and appointment policy and induction programme which were in place to support staff. Staff we spoke with knew where to find these policies if required.

### Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through patient surveys. The practice had an active virtual patient participation group (v PPG). The practice manager showed

# Are services well-led?

Requires improvement 

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

us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website.

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 in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff within the practice.

## Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

## 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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p><b>1)(b)(ii) All staff who undertake a formal chaperone role must have training in order to develop the competencies required for the role.</b></p> <p><b>and</b></p> <p><b>(2)The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p><b>The registered person must protect service users and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who might be at risk from the carrying on of the regulated activity by:-</b></p> <ul style="list-style-type: none"><li>• <b>embed a system for managing and learning from complaints and,</b></li><li>• <b>ensure that learning from serious adverse events is cascaded to staff to improve learning and help prevent any re-occurrence.</b></li><li>• <b>embed a system to audit infection prevention and control.</b></li></ul>

This section is primarily information for the provider

## Compliance actions

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic format) are:-

a). Kept securely and can be located promptly when required.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The registered person must-

(a) operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person-

(i) is of good character

(ii) has the qualifications, skills and experience which are necessary for the work to be performed, and

(iii) is physically and mentally fit for that work

and

(b) ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity and such other information as appropriate.