

Abbeyview Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbeyview Surgery on 8 October 2015. Overall the practice is rated as Good.

It was good for providing safe, effective, caring, responsive and well-led services.

It was outstanding for providing services to people with long term conditions and people who suffer with mental health including dementia. The practice was good for all the remaining population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, being a pioneer in Lincolnshire for being a 'Carer Friendly' and 'Dementia Friendly' practice.

- QOF results for 2013/14 were 99.0% of the total number of points available. All data was above CCG and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw a number of areas of outstanding practice including:

- The practice was a pioneer in Lincolnshire for being a 'carer friendly' and 'dementia friendly' practice. The practice recognised the invaluable and essential role carers play in supporting relatives, friends or neighbours.
- In November 2014 all staff employed by the practice together with members of the patient participation group (PPG) received dementia awareness training. Supporting the vision, the practice had a designated the senior receptionist as the 'carer champion' alongside a member of the nursing team assigned as lead contact for patients suffering with dementia and their carers.
- The practice offered Dementia Awareness events to patients registered with the practice and to the people who lived in the community in Crowland and surrounding areas. Their aim was to raise awareness and improve the services offered by the practice to patients with memory impairment and their carers.
- A diabetes seminar was held by the practice on 8 May 2015. Speakers included consultant and specialist

doctors and nurses in diabetes care who offered advice on topics including healthy eating (particularly for patients at risk of developing diabetes or diet only controlled), best injection techniques, importance of monitoring for early identification of any developing associated problems. Opportunities were given for patients to ask questions.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure NHS Property services carry out a fire risk assessment.
- Review the processes for the recording of near misses and security of medicines in the dispensary
- Ensure a risk assessment is carried out in relation to the two medicine pick up points.
- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Have in place a schedule of minuted meetings
- Consider undertaking more audits in regard to the quality of the dispensing service.
- Update the cold chain policy to ensure staff have guidance on what action to be taken in the event of a potential failure.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement. Most risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Views of external stakeholders were very positive and aligned with our findings.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. They were a pioneer in Lincolnshire for being a 'Carer Friendly' and 'Dementia Friendly' practice. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from

Good



Summary of findings

the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually available the same day.

The practice recognised the invaluable and essential role carers play in supporting relatives, friends or neighbours. They had a register of carers and actively sought ways to enhance the services provided locally for carers or by signposting the care to appropriate alternative agencies.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had a very active patient participation group (PPG) which influenced practice development.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were very good for conditions commonly found in 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. The practice held a register for patients with end of life. These were reviewed at least two monthly or earlier should the need arise. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had a palliative care register. 100% had patients had received an annual review.

98.9% of patients who were on four medicines or more had received an annual review.

The GP lead for diabetes had close working relationships with the community diabetes team. The practice offered Saturday appointments for working people who had a long term condition.

A diabetes Seminar was held by the practice on 8 May 2015. Speakers included Consultant and specialist doctors and nurses in diabetes Care who offered advice on topics including healthy eating (particularly for patients at risk of developing diabetes or diet only controlled), best injection techniques, importance of monitoring for early identification of any developing associated problems. Opportunities were given for patients to ask questions. The event was open to any registered patient/carer with diabetes or at high risk of developing diabetes. GP's and nursing staff from the Practice were also in attendance. The practice received 23 completed feedback forms. 100% of patients who responded said they had

Outstanding



Summary of findings

benefitted from the seminar, gained more knowledge on how to manage their diabetes and also learnt more about the way the practice can help support them in the management of their diabetes.

The practice provided an Anticoagulation and Shared Care Testing clinic. They offered regular testing for patients who took anticoagulation medicines. Home visits were undertaken for those patients who were unable to visit the practice. Written protocols were in place to provide guidance to all staff.

All GPs within the practice had specialist interests, for example, palliative care, dermatology, diabetes, family planning and dementia.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice sent out information letters on services provided by the practice to all patients who reached the age of 16. For example, contraception, chlamydia screening, immunisation services and minor illnesses.

The practice had set up minor illness clinics for children every Monday with appointments available with a GP if required.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

register of patients living in vulnerable circumstances including patients with alcohol dependency and those with a learning disability. 100% of patients with a learning disability had received an annual health checks. The practice also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

93% of people experiencing poor mental health had received an annual physical health check and their care plans had been updated. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice are a pioneer in Lincolnshire for being 'carer friendly' and 'dementia friendly' practice. The practice recognises the invaluable and essential role carers play in supporting relatives, friends or neighbours. They have a register of carers and actively seek ways to enhance the services provided locally for carers or by signposting the care to appropriate alternative agencies. The practice website also contains information and links to further reading. In November 2014 all staff employed by the practice together with members of the patient participation group (PPG) received dementia awareness training. Supporting the vision, the practice have a designated the Senior Receptionist as the 'carer champion' alongside a member of the nursing team assigned as lead contact for patients suffering with dementia and their carers, with a dedicated lead GP focusing on dementia.

The practice offer dementia Awareness events to patients registered with the practice and to the people who live in the community in Crowland and surrounding areas. Their aim to raise awareness and improve the services offered by the practice to patients with memory impairment and their carers. In December 2014 in conjunction with the (PPG) the practice held a dementia/carers

Outstanding



Summary of findings

forum which offered information about local support available to patients, for example, speakers from the Crowland and District 55+ carers group and Lincolnshire Carers & Young Carers Partnership (LCYCP).

In November 2015 the practice will hold another event and will offer training and information to local service providers, for example, local businesses and the police, in order to raise awareness of dementia, the issues that may be experienced by a patient, carer or loved one and how they may be supported. We have received very positive feedback with regard to the events and information provided by the practice.

83% of patients who suffered with depression had received an annual review.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 for the most recent data showed the practice was performing in line or slightly below local and national averages in most areas. There were 123 responses and a response rate of 49%.

- 77% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

- 93% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 65% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 74% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 64% feel they don't normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 64 comment cards which were all positive about the standard of care received. Care was described as excellent, appointments were available when needed and staff were courteous, kind, polite, professional and respectful.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure NHS Property services carry out a fire risk assessment.
- Review the processes for the recording of near misses and security of medicines in the dispensary
- Ensure a risk assessment is carried out in relation to the two medicine pick up points.
- Within the Business Continuity Plan ensure mitigating risks and actions are included.

- Have in place a schedule of minuted meetings
- Consider undertaking more audits in regard to the quality of the dispensing service.
- Update the cold chain policy to ensure staff have guidance on what action to be taken in the event of a potential failure.

Outstanding practice

- The practice was a pioneer in Lincolnshire for being a 'carer friendly' and 'dementia friendly' practice. The practice recognised the invaluable and essential role carers play in supporting relatives, friends or neighbours.
- In November 2014 all staff employed by the practice together with members of the patient participation

group (PPG) received dementia awareness training. Supporting the vision, the practice had a designated the senior receptionist as the 'carer champion' alongside a member of the nursing team assigned as lead contact for patients suffering with dementia and their carers.

- The practice offered Dementia Awareness events to patients registered with the practice and to the people

Summary of findings

who lived in the community in Crowland and surrounding areas. Their aim was to raise awareness and improve the services offered by the practice to patients with memory impairment and their carers.

- A diabetes seminar was held by the practice on 8 May 2015. Speakers included consultant and specialist doctors and nurses in diabetes care who offered

advice on topics including healthy eating (particularly for patients at risk of developing diabetes or diet only controlled), best injection techniques, importance of monitoring for early identification of any developing associated problems. Opportunities were given for patients to ask questions.

Abbeyview Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a second CQC Inspector, a CQC Pharmacy inspector and a GP practice manager specialist advisor.

Background to Abbeyview Surgery

Abbeyview Surgery provides primary medical services to approximately 7,200 patients. They cover patients residing in Crowland and the surrounding area including the villages of Cowbit, Eye (part), Deeping St Nicholas, Gedney Hill, Moulton Chapel, Newborough, Shepeau Stow, Thorney, Weston Hills (part) and Whaplode Drove. Patients currently registered at the Surgery who relocate to Spalding can continue to be a patient at the Practice if they so choose.

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

Abbeyview Surgery is a single storey building within Crowland Health Centre. It has car parking facilities with spaces for patients with a disability. The practice has automatic doors at the entrance. They have three treatment rooms and five consulting rooms with an additional phlebotomy room. Toilet facilities are available which include disabled access.

The practice provides dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice also provides a delivery service to Whaplode Drove and Gedney Hill Post Offices where patients could collect their medicines.

At the time of our inspection the practice employed two GP partners (one male and one female) and 3 female salaried GPs. The surgery also employed a business manager, practice manager, reception manager, dispensary manager, one nurse practitioner, two practice nurses, two health care assistants, two dispensers and seven reception and administration staff.

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

South Lincolnshire Clinical Commissioning Group (CCG) comprises of 15 member GP practices. The CCG is split into two localities, Welland and South Holland. The CCG commissions services for the populations of Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving the population are Peterborough and Stamford Hospitals, Johnson Hospital, Spalding, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston.

South Lincolnshire has a much higher proportion of older people than the England average, and a lower proportion of young people. The prevalence of diabetes, coronary heart disease, stroke and cancer is higher in South Lincolnshire than for England as a whole.

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

Abbeyview surgery, Thorney Road, Crowland PE6 0AL

Detailed findings

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from Monday 7.30am to 6.30pm, Tuesday, Wednesday and Friday 8am to 6.30pm, Thursday 8am to 8pm. Phone in' sessions are available for patients to book between 8am to 10am. Patients can phone in and arrange to get a phone back consultation. They have the choice of when to receive the call back and by which GP. Urgent slots are kept so that patients can attend following this phone consultation.

The practice offer a walk in minor illness clinic every Monday afternoon until 5.45pm.

Extended hours surgeries were offered from 7.30am on a Monday and until 8pm on a Thursday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated in many different languages. This enabled patients where English was not their first language to read the information provided by the practice.

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

Why we carried out this inspection

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. These groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from South Lincolnshire Clinical Commissioning Group (SLCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 8 October 2015.

We asked the practice to put out a box and comment cards in reception to enable patients and members of the public could share their views and experiences.

During the inspection we spoke with three patients. We reviewed 64 completed comment cards where patients had shared their views and experiences of the service.

During our inspection we spoke with two members of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

Detailed findings

On the day of the inspection we spoke with the GP partners, business manager, practice manager, two nurses, one health care assistant, dispensary manager and members of the reception and administration team.

We spoke with members of the community services team who told us that staff were very approachable, the practice had an open door policy, were willing to listen and most patients they saw spoke highly of the practice.

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 and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by complaints received a timely and sincere apology and were told about any actions taken to improve care.

Staff told us they would inform the business manager or lead GP of any incidents and there was also a recording form available on the practice's computer system. The practice had carried out an analysis of the significant events in August 2015.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw good examples of where lessons were shared to make sure action was taken to improve safety in the practice. For example, when a request for 999 ambulance was made, ambulance went to home address instead of the surgery. Full review of ambulance request form was undertaken. Staff received training on what to do in an emergency.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained

for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a number of risk assessments in place but had also made arrangements with a health and safety consultation firm for them to attend the practice to carry out a full health and safety audit and give health and safety training to staff. The practice had a fire risk assessment dated 26 March 2013. We saw evidence that the practice had contacted NHS Property Services due to it being overdue. NHS Property Services have assured the practice one will be carried out by the end of October 2015. A fire drill was carried out on 30 September 2015. Actions were identified and the practice intend to carry out a further fire drill in two months to ensure that all the actions have been completed. We were told that nine staff were also booked on fire marshal training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. However there was no legionella policy in place.
- The property was owned by NHS Property Services. We saw evidence that the practice had engaged with them to ensure that all parts of the premises were kept clean and in good condition. We were told that they had experienced on-going issues with NHS Property Services which they had been trying to resolve. On the day of the inspection the practice received an email from NHS Property Services which confirmed that they had agreed some investment into Crowland Health Centre to complete a backlog of maintenance. The work would be completed by the end of March 2016.
- NHS Property Services had responsibility for the external contractors who cleaned the practice. We saw correspondence from the practice to NHS Property Services in regard to infection control where there was dissatisfaction with the standard of cleaning. Areas that

Are services safe?

required improvement had been identified, for example, dust found in some areas, toilets not cleaned to a satisfactory standard and walls which required some remedial work. On the day of the inspection we were not able to review cleaning records from a previous contractor as they had been removed from the practice when the contract had ended.

- A GP partner was the current lead for infection control but we were told that a practice nurse was going to take over this lead role. We spoke with the practice nurse who told us that links had been made with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- We found in most areas that appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy but some of the paintwork, particularly in the disabled toilet needed attention.
- NHS Property Services had taken over the cleaning contract on 1 October 2015. We saw evidence from them which demonstrated that training had taken place with the new cleaning team, manuals for Control of Substances Hazardous to Health (COSHH) had been provided and risk assessments had taken place.
- Cleaning audits had been undertaken by NHS Property Services in November 2014 and March 2015. Areas for improvement had been identified and an action plan was in place. A GP partner had completed an infection control audit on 4 October 2015. Short term and long term actions had been identified. We saw evidence that short term actions to address improvements had been completed by the practice as a result.
- There were no formal records of regular cleaning spot checks or regular infection control audits, other than 4 October 2015, carried out by practice but the infection control lead told us they would implement this.
- The practice had systems and processes for medicines management within the dispensary.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. We observed that dispensing staff followed safe procedures when dispensing medicines. There were a variety of ways available to patients to order their repeat prescriptions. One of these was via telephone to reception staff, however, the practice had not completed a risk assessment in relation to this area.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staffing levels were in line with DSQS guidance. Dispensing staff had completed appropriate training, were provided on-going training and had their competency annually reviewed.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- Records showed twice daily refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. The practice had a cold chain policy in place to ensure that medicines were kept at the required temperatures but it did not describe the action to be taken in the event of a potential failure.
- We found that the practice did not have records in place in relation to the security of medicines stored in the dispensary to ensure that they are only accessible to authorised staff. Processes were in place to check medicines stored within the dispensary were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed promptly. However, we noted some records of near-miss dispensing errors were significant events that should have been raised and recorded as such to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank

Are services safe?

prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

- The practice had established a service for patients to pick up their dispensed prescriptions at two post offices, however, the practice had not considered the risks related to this to ensure they were kept securely and that patients collecting medicines from these locations were given them safely and with all the relevant information they required.
- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Locum GPs were rarely used as the GPs covered each other's leave or absence. We saw that when they were used there was a robust system in place to recruit them. An induction and a comprehensive locum pack was available to ensure the practice's systems and processes were followed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had carried out an analysis of each staff group to ensure that staff levels are

maintained at the practice at all times. There was a system in place for all the different staffing groups to ensure that enough staff were on duty, for example, during periods of annual leave and training.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had oxygen and a defibrillator available on the premises but only adult defibrillator pads were available. The practice immediately ordered paediatric defibrillator pads which arrived the next day. We found that emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. However each risk was not rated and mitigating actions recorded to reduce and manage the risk. The document contained relevant contact details for staff to refer to. For example, contact details for staff or a heating company if the heating system failed. We spoke with the management team who told us they would update the plan by 1 November 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through discussion at practice business meetings. For example, antibiotic prescribing. We saw pop up alerts were used on the patient record system to enable the GP to reassess if the antibiotic prescribed was the first line of treatment. This pop up alert system had enabled the practice to have low prescribing rates for broad spectrum antibiotics. Percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones was 4.23% compared to a national average of 5.33%.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.0% of the total number of points available, with 7.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:-

- The performance for diabetes related indicators was 95.2% which was 2.6% above the CCG and 5.1% above the national average.
- The performance for asthma related indicators was 100% which was 2% above CCG average and 2.8% above the national average
- The performance for patients with hypertension was 99.8% which was 0.2% above the CCG average and 11.4% above the national average.
- The performance for patients with COPD was 100% and 2.5% above the CCG average and 4.8% above the national average.

- The dementia diagnosis rate was 100% and was 0.6% above the CCG average, and 6.6% above the national average.

The practice provided an Anticoagulation and Shared Care Testing clinic. They offered regular testing for patients who took anticoagulation medicines. Home visits were undertaken for those patients who were unable to visit the practice. Written protocols were in place to provide guidance to all staff.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been seven clinical audits completed in the last two years. Two of these audits were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, the practice had carried out an atrial fibrillation (AF) audit to check on adherence to NICE guidance on the use of risk assessments. 96% of patients already had a stroke risk assessment. 52% were found to be have optimal management, 18% were not receiving any anticoagulant medicines. Action was taken for 30% of patients which included a further assessment and review to discuss treatment options. As a result of this audit 10% were changed to alternative medicines and 8% refused any change in treatment. A further re-audit will take place in 2016.

Information about patient's outcomes was used to make improvements such as the prescribing of calcium supplements. The practice had identified patients who were eligible for this supplement. Patient records were reviewed and actions identified. In 2014 the results showed a significant increase in the number of patients being prescribed the supplements in line with best practice guidelines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff and mandatory training that covered such topics as safeguarding, fire safety, health and safety and infection control.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff we spoke with told us they had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support, appraisals, informal clinical supervision for nurses and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, equality and diversity and dementia awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including an awareness of the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with

relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from the practice. 100% of patients with chronic illness had been given smoking cessation advice and 23 % had stopped smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88%, which was above the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78.9% to 97.2% and five year olds from 79.2% to 99%.

Flu vaccination rates for the over 65s were 72.43%, and at risk groups 58.74%. These were above national averages. 80% of eligible patients were vaccinated for shingles.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The front reception desk was protected with glass framed opening windows. Phone calls were taken but the glass prevented the patients from overhearing conversations. Only one patient at a time could access the receptionist. The waiting area was separate and further back from main reception and conversations could not be overheard. There was a self-check in system in the waiting area for patients to check in for their appointment.

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

All of the 64 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One went on to say that if we ever needed a role model this practice is the one you need as it is second to none.

We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. This was also reinforced by numerous positive comments made in response to the NHS Friends and Family test which the practice participated in. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. Additional languages spoken by practice staff included Bengali, Hindi and Punjabi.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a large number of support groups and organisations.

The practice had an excellent system for carers. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. 3% of the practice list had been identified as carers and were being supported, for example, longer appointments or home visits for carers who look after very ill relatives.

The practice were a pioneer in Lincolnshire for being 'Carer Friendly' and 'Dementia Friendly' practice. The practice recognised the invaluable and essential role carers play in supporting relatives, friends or neighbours. They have a register of carers and actively seek ways to enhance the services provided locally for carers or by signposting the care to appropriate alternative agencies.

The practice had a Carer Champion. This was a member of staff who supported carers and acted as a key contact for carer information for the GP practice where they work. They aimed to improve the carer's quality of life and help them to continue in their caring role. They can also help ensure that the carer's voice is heard when the person they care for is having their needs assessed or met. A Carer Champion will also help improve local services by feeding back what they learn from supporting carer's.

Written information was available for carers both in the practice and on the website to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them where appropriate or sent them a letter of condolence. The practice also notified secondary care and the local community health trust.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, being a Carer and Dementia friendly 'practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example,

- The appointment system was monitored very well to ensure that it met patient needs. Saturday appointments were made available where necessary, for example, for health checks.
- The practice had increased the flexibility of access to appointments and could demonstrate the impact of this by reduced use of the GP out of hour's service and very positive patient survey results.
- The practice had a phone back system in place in response to PPG comments in regard to appointments. This allowed patients to choose the day, time and GP of choice to call them back.
- The practice offered extended hours on a Monday and Thursday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, for example, people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- A Diabetes Seminar was held by the practice on 8 May 2015. Speakers included Consultant and specialist doctors and nurses in Diabetes Care who offered advice on topics including healthy eating (particularly for patients at risk of developing Diabetes or diet only controlled), best injection techniques, importance of monitoring for early identification of any developing associated problems. Opportunities were given for patients to ask questions. The event was open to any registered patient/carers with Diabetes or at high risk of developing Diabetes. GP's and nursing staff from the Practice were also in attendance. The practice received

23 completed feedback forms. 100% of patients who responded said they had benefitted from the seminar, gained more knowledge on how to manage their diabetes and also learnt more about the way the practice can help support them in the management of their diabetes.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from Monday 7.30am to 6.30pm, Tuesday, Wednesday and Friday 8am to 6.30pm, Thursday 8am to 8pm. Phone in' session were available for patients to book between 8am to 10am. Patients can phone in and arrange to get a phone back consultation, they can choose either the day or the GP for the call back. Urgent slots are kept so that patients can attend the practice following this phone consultation if required.

The practice offered a walk in minor illness clinic every Monday afternoon until 5.45pm. We saw evidence from data provided by the clinical commissioning group that the practice had low attendance rates to accident and emergency in comparison to other practices within the CCG.

Extended hours surgeries were offered on a Monday from 7.30am and until 8pm on a Thursday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national patient survey and the NHS Friends and Family Test showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages in most areas and people we spoke to on the day were able to get appointments when they needed them. For example:-

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 65% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, e.g. posters displayed, summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 12 complaints received in the last 12 months and one received by the Care Quality Commission. We found they were handled well and dealt with in a timely manner.

The practice had complaints categorised in month and type which enabled them to review trends. We saw that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a patient charter which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were extremely approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The practice worked in collaboration with many different agencies which included the South Lincolnshire Clinical Commissioning Group (CCG), Lincolnshire Community Health Services and Lincolnshire Carers and Young Carers Partnership. This has enabled them to put forward the best interests and deliver safe and effective care for their patients. Feedback we received was very positive and aligned with these views.

Staff told us that regular team meetings were held. We looked at minutes of meetings which were held every eight weeks. Minutes we looked at were not detailed and did not

contain a list of attendees for each meeting. There was no set agenda so performance, quality and risks had not been regularly discussed. Staff told us that there was a very open culture within the practice. They had the opportunity to raise any issues not only at team meetings but on a daily basis as required and they felt confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out regular patient surveys and submitted proposals for improvements to the practice management team. Survey results were discussed with the practice and action plans produced and completed. For example as a result of the last major survey which the PPG had conducted it was identified that patients had difficulty getting through on the phone between 8.00am and 10.00am. The PPG had liaised with the practice and the appointment system had been successfully adjusted and a telephone call back system introduced to alleviate the number of patients trying to get through between 8.00am and 10.00am.

The PPG had, with the practice, jointly organised the forthcoming Dementia Awareness and Carer event in the local community. The purpose of this was to promote dementia awareness in the local community. Previously they had been involved in presenting a Dementia Forum for patients with dementia and their carers and a Diabetes Forum for patients with or at high risk of diabetes, which had both received positive feedback from patients and carers.

The practice had also gathered feedback from staff through staff meetings, appraisals and daily informal discussions.

Are services well-led?

Good 

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

team was forward thinking and initiated local pilot schemes to improve outcomes for patients in the area. For example The practice was a pioneer in Lincolnshire for being 'Carer Friendly' and 'Dementia Friendly' practice.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice