

Swineshead Medical Group

Quality Report

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Date of inspection visit: 6 October 2014
Date of publication: 11/12/2014

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Swineshead Medical Practice provides primary medical services to approximately 8,500 patients and is situated in purpose built premises. The practice has a large catchment area which covers Swineshead, Donington and Bicker. Its boundaries extend from the outer edges of Boston and as far as Gosberton, Pinchbeck and Heckington in Lincolnshire.

We carried out an announced comprehensive inspection on 6 October 2014. The inspection focussed on whether the care and treatment of patients was safe, effective, caring, responsive and well led.

The practice demonstrated that it understood the local patient population and provided flexible and responsive services to meet patients' needs. Patients told us they felt safe, the staff were kind, caring and respectful, and went onto to say they felt the practice was well led.

We found that the practice was responsive to the needs of older people, people with long term conditions, families, children and young people, the working age population

(and those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

Patients were complimentary about the service they received.

Some systems were in place to ensure that patients were safe, this included safeguarding policies and procedures that were understood and acted upon by staff.

There was an open culture within the practice and staff felt they were able to raise and discuss any issues with the practice manager or the GP partners.

There was evidence of completed audit cycles undertaken to ensure patients' care and treatment was effective and which resulted in improvement to the quality of the service the practice provided.

The practice had suitable arrangements in place to respond to patients with a variety of health needs.

Summary of findings

Leadership roles and responsibilities were well established with clear lines of accountability.

The overall rating for Swineshead Medical Group is 'requires improvement'.

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

There were areas of practice where Swineshead Medical Group need to make improvements.

We have asked the practice to take action on four issues where we found that improvements were needed.

The provider was in breach of regulations related to:

- Cleanliness and Infection control
- Assessing and monitoring the quality of service provision

Importantly, the provider must:

Have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk

The practice must provide supervision and mentorship to the nurse practitioner/nurse prescriber to ensure that care and treatment provided is safe and effective.

The practice must have a policy for the management of 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. New guidelines for best practice, the implications for the practices performance and patients discussed.

In addition the provider should:

Offer patients with learning disabilities the opportunity to have an annual physical health check.

Copies of patient participation group (PPG) minutes should be displayed in the reception area and on the practice website so that they can be accessed by all patients, staff and the public.

All staff receive training to have an awareness of the Mental Capacity Act 2005.

The practice should have a Standard Operating Procedure for medicine recalls. A Standard Operating Procedure (SOP) is a document consisting of step-by-step information on how to execute a task. Recalls protect a patient especially when the product has been widely distributed.

The practice should have a policy in place to protect the public and ensure that nurses and doctors are registered in accordance with the requirements of the Nursing and Midwifery Council (NMC) and General Medical Council (GMC).

The practice should have full team practice meetings which are regular, structured and relevant to give all staff the opportunity to take part in order for performance, quality and risks to be discussed.

Demonstrate that staff have read and understood all the policies and procedures.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for safe as there were 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. e.g. infection control and fire safety.

The systems in place for repeat prescriptions ensured patients received the correct medicine at the right dose and that medicines prescribed continued to be safe and appropriate for each individual patient.

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk vulnerable

Requires improvement



Are services effective?

The practice is rated as good for effective.

The care and treatment provided to patients was effective and met the patients' needs.

The practice had suitably qualified staff who had the necessary skill mix to provide a good standard of care and treatment. Staff were supported to consolidate and develop their knowledge and used national guidance to promote best practice in the care they delivered.

Systems were in place to work collaboratively with other health care professionals and services for the benefit of the patients.

Patients had access to a range of health promotion advice and support.

The practice had a register of learning disability patients but they did not offer them the opportunity to have an annual health check.

Good



Summary of findings

There was evidence of completed audit cycles undertaken to ensure patients' care and treatment was effective and achieved positive outcomes and improved quality of service.

The GPs and practice nurses had a collaborative approach to working to ensure that patients' care and treatment was managed effectively.

Are services caring?

The practice is rated as good for caring.

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.

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

Patients told us they were very happy about the service provided by the staff. They felt included in decision making, listened to and respected. They felt they were able to express opinions, which were taken into account.

Patients told us that communication between the practice and other health care settings was good.

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 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. There was evidence of shared learning from complaints with staff and other stakeholders.

The surgery had extended its appointment hours. Appointments were available from 7.30am on a Thursday morning and Tuesday evening until 7.00 pm. These arrangements accommodated those patients who were unable to access GP services during working hours.

Patients with restricted mobility were able to access the practice via the automated main door. There were wheelchairs available in the foyer for patients to use if required.

Good



Summary of findings

The practice had a system in place to respond to complaints and concerns in a proactive manner.

Are services well-led?

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

The practice had a vision and a strategy to deliver this, however not all staff were aware of this and their responsibilities in relation to it.

Members of staff said that senior staff were approachable and they had an open door policy.

The practice had a system in place to regularly assess and monitor the quality of service that patients received but improvements were needed. The practice had not notified the Care Quality Commission (CQC) of changes, events and incidents which had or could affect the patients who used the service. This is a requirement of registration with the CQC under the Health and Social Care Act 2008

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic. The practice must ensure staff have infection control and prevention training which should include the procedure for cleaning bodily fluids and the use of a spill kit.

The practice must have systems in place to monitor and improve quality and identify risk.

The practice should have a policy in place to protect the public and ensure that nurses and doctors are registered in accordance with the requirements of the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC).

The practice must provide supervision and mentorship to the nurse practitioner/nurse prescriber to ensure that care and treatment provided is safe and effective.

The practice must have a policy for the management of 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. New guidelines for best practice, the implications for the practices performance and patients discussed.

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.

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 both dementia care and end of life care. The practice was responsive to the needs of older people, including offering home visits and same day appointments.

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for people with long term conditions.

Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had a named GP and structured annual reviews to check 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 was responsive to patients with long term conditions. People with long term conditions such as diabetes, coronary heart artery disease (CHD) were supported with health checks and medication reviews annually or sooner if required. Some doctors and nurses had specific responsibilities and interests for particular long term conditions.

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

Requires improvement



Summary of findings

The practice must have systems in place to monitor and improve quality and identify risk.

Families, children and young people

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

Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises was suitable for children and babies. We were provided with good examples of joint working with midwives, health visitors and school nurses. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health.

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the working-age (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 offer continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

The practice carried out NHS Health Checks. An NHS Health check is for adults in England aged 40 to 74 years and without a pre-existing condition. The practice checked a patient's circulatory and vascular health in order to prevent heart disease, stroke, diabetes, kidney disease and dementia.

Requires improvement



Summary of findings

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk.

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 not offered annual health checks for people with learning disabilities.

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.

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The GP worked with other services to review and share care as required with specialist teams.

The practice told us they referred patients to the Child and Adolescent Mental Health Services (CAMHS). CAMHS are specialist NHS services and offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

Requires improvement



Summary of findings

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice must have systems in place to monitor and improve quality and identify risk

Summary of findings

What people who use the service say

We spoke with 19 patients who had attended the surgery for a consultation with a GP or nurse during our inspection.

Patients told us they were very happy about the service provided by the staff. They felt included in decision making, listened to and respected. They felt they were able to express opinions, which were taken into account.

We reviewed 42 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.

35 of the comment cards reviewed were positive. Patients felt that the surgery met the needs of the local community. They also felt that staff were polite and helpful and the surgery was safe and hygienic.

Seven of the comments cards reviewed were negative in respect of getting an appointment, making an appointment with the same GP and taking time off work during the day to attend appointments.

Patients told us that communication between the practice and other health care settings was good.

We spoke with the chair and three members of the patient forum. (PF). The PF 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. The chair told us that all the staff were very caring. They felt the practice was well led and put their patients first. The chair told us that the group had an average of nine members who attend the meetings. The minutes of the PPG meetings were not published on the website or made available in the waiting room for all patients to see and make comments and suggestions.

Areas for improvement

Action the service MUST take to improve

The practice must have good infection prevention and control systems to ensure that patients who use the services receive safe and effective care. The practice must have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic. The practice must ensure staff have infection control and prevention training which should include the procedure for cleaning bodily fluids and the use of a spill kit.

The practice must have systems in place to monitor and improve quality and identify risk.

The practice must provide supervision and mentorship to the nurse practitioner/nurse prescriber to ensure that care and treatment provided is safe and effective.

The practice must have a policy for the management of 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. New guidelines for best practice, the implications for the practices performance and patients discussed.

Action the service SHOULD take to improve

The practice should offer patients with learning disabilities the opportunity to have an annual physical health check.

Copies of patient participation group (PPG) minutes should be displayed in the reception area and on the practice website so that they can be accessed by all patients, staff and the public.

The practice should ensure that all staff receive training to have an awareness of the Mental Capacity Act 2005.

The practice should have a Standard Operating Procedure for medicine recalls. A Standard Operating

Summary of findings

Procedure (SOP) is a document consisting of step-by-step information on how to execute a task. Recalls protect a patient especially when the product has been widely distributed.

The practice should have a policy in place to protect the public and ensure that nurses and doctors are registered in accordance with the requirements of the Nursing and Midwifery Council (NMC) and General Medical Council (GMC)

The practice should have full team practice meetings which are regular, structured and relevant to give all staff the opportunity to take part in order for performance, quality and risks to be discussed.

Demonstrate that staff have read and understood all the policies and procedures.

Swineshead Medical Group

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 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.

Background to Swineshead Medical Group

Swineshead Medical Practice provides primary medical services to approximately 8,500 patients in a large catchment area which covers Swineshead, Donington and Bicker. Its boundaries extend from the outer edges of Boston and as far as Gosberton, Pinchbeck and Heckington in Lincolnshire.

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.)

On the day of our inspection the practice served 8,500 patients.

The service is an accredited training practice for GP registrars (fully qualified doctors who wish to become general practitioners) and Foundation year two doctors. At the time of our inspection the service employed four GP partners (three male, one female), one practice manager, one nurse practitioner, one nurse prescriber plus one trainee nurse prescriber and one health care assistant, 13 reception/dispensary staff and seven administrative staff. A

nurse practitioner is a registered nurse (RN) who has additional education and training in specialty areas such as family practice or paediatrics. A Nurse Prescriber is a specially trained nurse who is allowed to prescribe any licensed and unlicensed drugs within their clinical competence.

The practices' services were commissioned by NHS Lincolnshire East Clinical Commissioning Group (CCG). The CCG has a high level of deprivation compared to other areas in Lincolnshire. Around 19% of the population within the CCG boundaries are living in what is classified as one of the 20% most deprived areas in England. The CCG area has higher prevalence rates for coronary heart disease, diabetes, stroke, cancer and chronic obstructive pulmonary disease (COPD). COPD is a general term and includes the conditions chronic bronchitis and emphysema. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

Swineshead Medical Group is a purpose built surgery. The building provides good access on ground floor level with automatic doors at the entrance, hand rails, accessible toilets and car parking facilities.

Swineshead Medical Group has a dispensary and dispenses medicines to 40% of its patients and is a designated yellow fever vaccination centre.

The practice is open from Monday to Friday 8.30am to 6.30pm. The dispensary is open Monday to Friday 9.00am to 1pm and 2pm to 6pm. The practice offers an extend hours service with pre-booked appointments on from 7.30am on a Thursday morning and until 7pm on a Tuesday evening.

Swineshead Medical Group has opted out of providing out-of-hours services (OOH) to their own patients. (OOH provides GP advice out of normal surgery hours. This

Detailed findings

service is provided from 6.30pm to 8am on weekdays, and all day at weekends and on Bank holidays). The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

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.

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 Swineshead Medical Practice we reviewed a range of information we held about the service and asked other organisations to share what they knew. We asked the service to put out a box and comment cards in reception where patients and members of the public could share their views and experiences.

We carried out an announced comprehensive inspection on 6 October 2014.

During our inspection we spoke with 23 patients including four members of the Patient Forum (PF). The PF 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. We spoke with clinical, administrative staff and members of the management team. We looked at a range of information we hold about the service. We reviewed information from Lincolnshire East Clinical Commissioning Group (CCG), NHS England (NHSE), Public Health England (PHE), Healthwatch Lincolnshire and NHS Choices.

We also reviewed written and verbal feedback from patients and observed how staff interacted with patients.

Are services safe?

Our findings

Safe Track Record

We spoke with patients and reviewed comments cards completed by them during our inspection of Swineshead Medical Group. Patients told us they received safe care and had confidence in the staff who worked at the practice.

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 to were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example the practice recently had an incident where the vaccine fridge had been accidentally switched off. The practice contacted the manufacturer and were advised that the vaccines had to be destroyed. Temperatures above or below the recommended temperature range reduce vaccine effectiveness and cause vaccine failures. Since the incident the practice has put measures in place to ensure that this type of incident did not happen again.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. The practice kept records of significant events that had occurred during the last 12 months and these were made available to us. Significant events were looked at by the GP partners at the practice partnership meeting. An analysis of these records demonstrated there were no patterns which indicated recurring themes.

We were told that the practice has occasional full team practice meetings to ensure that staff were kept up to date on practice issues and 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. New guidelines for best practice, the implications for the practices performance and patients had not been discussed. The practice did not have a policy for the management of safety alerts.

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. We spoke to the practice manager and lead GP on the day of the inspection and they advised us that they would complete the necessary forms in future.

Reliable safety systems and processes including safeguarding

The practice had safety systems and processes in place which included safeguarding. Safeguarding is the protection of vulnerable adults or children from abuse or neglect. The practice had a dedicated GP appointed as the lead for safeguarding vulnerable adults and children. They had received the necessary training to enable them to fulfil this role (level 3). Level Three training is for staff within an organisation who have responsibility for safeguarding

All staff we spoke with were aware who the lead for safeguarding was and who to speak to in the practice if they had a safeguarding concern. They demonstrated that they understood potential signs and symptoms of abuse and knew what to do if they had concerns.

The practice had a chaperone policy in place and staff had received training in this area. Staff we spoke with were aware of their role and responsibilities when undertaking this role. The practice had signs in reception and in each consulting room to advise patients that this service was available to them.

Medicines Management

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

Swineshead Medical Group had a dispensary which dispensed medicines to 40% of the patients who lived more than a mile away from a community pharmacy. The practice offered a delivery service. If a patient ran out of medication they could obtain a three day emergency supply from a community pharmacy on production of a repeat medication slip.

There were medicines management policies in place. We asked to see the Standard Operating Procedure for medicine recalls but the practice were unable to produce

Are services safe?

one. A Standard Operating Procedure (SOP) is a document consisting of step-by-step information on how to execute a task. Medicine recall is the method/system of removing or correcting marketed medicinal products, their labelling, and when the product is suspected or proven to be defective and can cause serious adverse reactions, damage, injury or inconvenience to the patient. Recalls protect a patient especially when the product has been widely distributed.

We saw records which showed all members of staff involved in the dispensing process had received appropriate training and had regular checks of their competence.

We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed the controlled drugs were stored, recorded and checked safely. We checked a sample of the controlled drugs stored and the number of tablets stored matched the records maintained. On the day of the inspection we found a number of vials of pethidine which expired in May 2014 and had not been destroyed. We brought this to the attention of the pharmacy manager on the day of the inspection. They told us they ask the CD Accountable officer to deal with this straightaway and put a system in place to ensure drugs were destroyed in line with the practice policy.

The practice had specific dispensing software with bar code technology to provide real time checking of the quality of medicines dispensed. The dispenser would display on their screen the prescription they were dispensing, collect the medicine and scan the bar code into the system. If the medicine scanned didn't match the medicine prescribed or dispensing, the system flagged up an error message on the screen and would not print the patient specific medicine label with directions for use on. This prevented medicines that hadn't been prescribed from being dispensed. The staff in the dispensary said if the bar code wasn't recognised but the medicine was correct, a secondary check by a trained colleague would be sought. This ensured that patients could be confident they would receive the correct medicines, based on their prescription.

Staff who worked in the dispensary told us medicines which required cold chain storage were placed in the

practice's medicines fridges immediately upon receipt and 'booked in'. The cold chain is a system of transporting and storing medicines and vaccines within the safe temperature range of +2°C to +8°C.

The temperatures of the medicine's fridges in the practice were monitored daily to ensure they remained within specified limits. This meant the practice had suitable arrangements in place for the storage of temperature-critical medicines which included vaccines.

The practice had various ways for patients to request repeat medicines. Patients could request repeat medicines via the on-line service, put their requests in a locked box on the wall or hand the request to the receptionist. Patients who were housebound or unable to attend the practice had the option to telephone the surgery and order their repeat medicines. Patients we spoke with told us they found the system easy to use and they felt the system worked well, was efficient and meant they did not run out of prescribed medicines.

Cleanliness & Infection Control

We saw the practice was visibly clean. The practice had a designated infection prevention and control lead.

The practice had policies and procedures which related to infection prevention and control. These included hand washing, use of antibacterial hand gel and bare below the elbow dress code.

Good hand hygiene principles were encouraged by the practice. Hand hygiene technique signage was displayed in staff and patient toilets. Hand washing sinks with liquid soap, hand gel and hand towel dispensers were available in treatment rooms. Reminders were sent to staff about hand hygiene principles and practice.

Staff told us that cleaning of the surgery was carried out by external contract cleaners. 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.

Staff we spoke with were aware of who the infection prevention and control lead was and where they could access the infection control policy and guidance. The infection prevention and control lead told us they had completed an annual infection control (IFC) audit. We saw

Are services safe?

evidence that it was completed on 14 May 2014. There were infection control processes in place at the practice but there was no action plan for the areas identified in the audit as non-compliant.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles.

There were also contracts in place for the collection of general and clinical waste. Clinical waste is defined as any waste which is made up completely or partly of human or animal tissue including blood, body fluids, excretion, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments which have been used in a clinical environment.

We saw evidence that a recent legionella risk assessment had been carried out at the practice by an external contractor. Legionella can be transmitted to people via the inhalation of mist droplets which contain the bacteria. The most common sources are water tanks, hot water systems, fountains and showers.

Practice staff told us there were good stocks of Personal Protective Equipment (PPE) and we observed this to be the case. PPE is equipment that protects the user against health or safety risks at work. It can include items such as gloves, aprons and eye protection.

Appropriate spill kits were available to clean up bodily fluids. Hazardous materials may sometimes leak or spill, even when strict safety precautions have been taken. Spill kits are used in these instances to clean up hazardous products so they do not contaminate the water. We were told by the infection control and prevention lead that no training had been given to staff in the required procedure for cleaning bodily fluids and the use of a spill kit. The infection prevention and control policy states that all staff involved directly or indirectly in patient care will have infection control training that includes management of body fluid spills/splashes and training records should be maintained.

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. 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.

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments.

Staffing & Recruitment

The practice had systems in place to ensure that safe staffing levels and skill mix were sustained during the hours the practice was open in order to ensure that care was safe and effective.

We looked at five staff personnel files. The practice did not have a system in place to show that all required information had been requested and obtained. We were told that all new staff undertook an induction process which included orientation to the practice, policies and procedures.

The practice employed sufficient numbers of suitably qualified, skilled and experienced staff for the purposes of meeting people's needs. We asked the practice manager how they ensured staff were registered with the relevant professional bodies. For example, did they routinely check the practice nurses were registered with the Nursing and Midwifery Council (NMC). The practice manager told us they knew they checked registration on appointment and annually but there is no written policy.

All the GP's 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. 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.

Monitoring Safety & Responding to Risk

The practice was monitoring risks to patients and staff. We saw that the practice had a health and safety policy which

Are services safe?

had recently been reviewed and updated. 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.

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.

The practice had specific reports which covered the management of maintenance of the premises. We saw evidence that the fire equipment which included the fire alarm and extinguishers were inspected in September 2014.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to deal with emergencies. Staff had received training in basic life support. Basic life support refers to maintaining airway patency and supporting breathing and the circulation without the use of equipment other than a protective device until emergency services arrived.

On the day of the inspection we saw medicines which could be used in the event of an emergency. These medicines were kept in an unlocked drawer in a room which was unlocked. We spoke to the practice following our inspection and they confirmed they had taken action to address the issues. The medicines had been locked in a cupboard in the room which was now kept locked but were easily accessible

We saw emergency equipment was available and was checked on a monthly basis.

We checked two emergency boxes and found that the equipment, for example, airways were not 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 with the practice manager following our inspection who confirmed they had purchased all single use equipment.

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses the life-threatening disturbances in the normal rhythm of the heart. The AED is able to treat patients with defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact in the event of failure of the heating system.

A fire risk assessment had been undertaken that included actions required to maintain fire safety.

Risks associated with service and staffing changes (both planned and unplanned) were required to be included on the practice risk log. We were shown examples of risk assessments for manual handling, slips trips and falls, display screen equipment and the mitigating actions that had been put in place to manage this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

On the day of the inspection we attended a clinical team meeting. Members of the multi-disciplinary team attended the practice on a fortnightly basis to discuss and review patients with complex needs, in vulnerable circumstances or those who were receiving end of life care. The meeting ensured that their wishes were respected, and that they received appropriate support and treatment. A multidisciplinary team (MDT) is composed of members from different healthcare professions with specialised skills and expertise. The members collaborate together to make treatment recommendations that facilitate quality patient care. Multidisciplinary teams form one aspect of the provision of a streamlined patient journey by developing individual treatment plans that are based on 'best practice'.

The GPs and nurses we spoke with told us they followed evidence based practice. They accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners.

We did not see any minutes of practice meetings where new guidelines were disseminated and the implications for the practice's performance and patients were discussed.

Whilst there was no formal policy for ensuring clinicians remain up-to-date, all the GPs interviewed were aware of their professional responsibilities to maintain their knowledge.

Patients told us that the practice referred them appropriately to secondary and other community care services for example, to see a health trainer. Health Trainers offer support, information and guidance to people who want to make changes to their lifestyle.

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 and undertook regular clinical audit. NHS Quality and Outcomes Framework (QOF) system is 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. QOF data showed the practice performed well in comparison to local practices. This practice was not an outlier for any QOF (or other national) clinical targets.

The practice provided an anti-coagulation service. They held anticoagulation clinics to monitor a patient's INR. The practice supported other GP practices in the locality by undertaking INR testing for their patients. We saw an audit checklist completed in June 2012.

The practice did not have a robust system in place for completing clinical audit cycles. We were shown a lithium prescribing audit. Lithium is used to treat the manic episodes of manic depression. However we were not shown any further evidence of completed audit cycles. We spoke with the lead GP who confirmed this and told us the practice needed to do further work in this area.

The practice carried out NHS Health Checks. An NHS Health check is available for adults in England aged 40 to 74 years without a pre-existing condition.

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 tests are done to prevent cervical cancer, not to diagnose cancer.

The practice told us they referred to the Child and Adolescent Mental Health Services (CAMHS). CAMHS are specialist NHS services and offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties.

Effective staffing

Staff employed to work within the practice were appropriately qualified and competent to carry out their roles safely and effectively. This included staff who worked within the dispensary, whose competency was regularly checked and signed off by clinical staff. The practice was designated as a training practice for GP Registrars and Foundation year two doctors. There are two GP trainers, a foundation doctor trainer and one associate trainer for the practice. They told us about a week-long induction programme for GP Registrars which involved sitting in with GP partners, but the main focus was on understanding the practice as an organisation. GP registrars are fully qualified doctors who wish to become general practitioners.

Staff we spoke with told us about training and professional development available to them. This included time allowed

Are services effective?

(for example, treatment is effective)

to maintain their current skills and the opportunity to learn new ones. They confirmed they had received appraisals and had identified learning and development plans as part of this process.

Every member of staff undertook training in addition to role specific training to ensure they could undertake their role competently.

Patients we spoke with told us the staff at the practice were knowledgeable, helpful and competent. There was a training record and evidence of an appraisal in three of the five personnel files we looked at. An appraisal is a formal assessment, typically in an interview, of the performance of an employee over a particular period. We did not see any evidence of a record of training undertaken by each member of staff in their file however staff told us the systems in place for training and appraisal of staff worked well. Staff we spoke with told us the opportunities for their development were encouraged and supported.

The practice had one nurse practitioner and one nurse prescriber on the day of the inspection. We asked what mentorship was provided by the practice to support their autonomous practice. Mentorship is a personal developmental relationship in which a more experienced or more knowledgeable person helps to guide a less experienced or less knowledgeable person. We were told that currently they did not receive mentorship but felt they were very well supported by all the GP's.

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 is streamlined by the development of individual treatment plans that are based on 'best practice'

The practice was commissioned for the enhanced services. These services are agreed by the clinical commission group (CCG) in response to local needs and priorities, sometimes adopting national service specifications, for example, the extension of practice opening hours, improving patient on-line access and avoiding unplanned admissions. The practice also had a process in place to follow up patients discharged from hospital.

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. OOH is a service provided by Lincolnshire Community Health Service NHS Trust from 6.30pm to 8am on weekdays, and all day at weekends and on bank holidays. We were told that the information received from OOH was reviewed daily by the on-call GP or nurse, who assessed the circumstances and took action as they deemed appropriate. If a follow-up appointment was necessary by the practice for continuity of care or due to the risks presented, then this was actioned.

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 hour's providers and the 111 service were received both electronically and by post. They were dealt with in a timely manner and action taken as required.

Information Sharing

The practice had systems in place to provide staff with the information needed to offer effective care. An electronic patient record, SystmOne, was used by all staff to coordinate, document and manage patients' care. SystmOne provided the practice with an electronic patient record which supported clinicians in delivering the highest quality clinical care. A patient's clinical information would be instantly available, not only across primary medical services but also to other clinical colleagues.

All staff were fully trained on SystmOne and commented positively about the system's safety and ease of use. This system also enabled scanned paper communications, such as those from hospital, to be saved 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.

We found that the practice had not ensured staff received training around the use of the Mental Capacity Act 2005. The clinical staff did not demonstrate a clear

Are services effective?

(for example, treatment is effective)

understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

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

Health Promotion & Prevention

Swineshead Medical Group 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 large range of health promotion information available at the practice. This included information on multiple sclerosis, alcoholics anonymous, diabetesUK, bereaved patient support group and how to request a chaperone. 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.

The practice nurse team said they were responsible for recall, monitor and health education for people with long term conditions. These included conditions such as 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. For example, the practice kept a register of all patients with learning disabilities but they were not offered the opportunity to have an annual physical health check in the last 12 months.

We were told that a carer's information pack was available for patients who had identified themselves as carer's.

Health Promotion advice was available to signpost and support patients with mental health problems, for example, peer support and self management organisations such as MIND. MIND is a mental health charity in England and Wales which offers information and advice to people with mental health problems. It also works to raise public awareness and understanding of issues relating to mental health.

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

We observed staff who worked in reception, the dispensary and other clinical staff as they interacted with patients. Their approach was seen to be considerate, understanding and caring, while remaining respectful and professional.

Patients we spoke with clearly appreciated it and comments cards we reviewed confirmed it. The practice switchboard was located away from the reception desk which helped keep patient information private.

Staff were aware of the need to keep records secure. We saw people's records were computerised and systems were in place to keep them safe in line with data protection legislation.

The reception and dispensary both fronted directly onto the patient waiting area. We saw staff who worked in these areas made every effort to maintain people's privacy and confidentiality. We saw voices were lowered and personal information was only discussed when absolutely necessary and with the patient's agreement. This demonstrated the practice had made a commitment to respect patients' rights, which included privacy and dignity. A private room was made available when people wanted to talk in confidence with the reception staff. The practice offered a chaperone service and we saw information about the chaperone service offered was clearly displayed in the waiting area.

Privacy screens were provided in 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 reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2013 national patient survey, and a general practice assessment questionnaire sent to patients by the practice's Patient Forum (PF). The PF 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.

Data reviewed from the national GP Patient Survey showed the practice was rated 'good' by patients. 82.9% of patients would recommend the practice to others. 87.1% described the overall experience of their GP as good or very good. The GP Patient Survey lets patients' see how their practice is doing and helps them choose a new one when they need to.

The practice used the General Practice Assessment Questionnaire (GPAQ) to allow benchmarking against national scores and the national General Practice Survey. The results of the GPAQ were seen to be mostly positive with the practice generally scoring more highly than national average scores. The evidence from all these sources showed patients were highly satisfied with how they were treated and that this was with compassion, dignity and respect.

Patients completed Care Quality Commission (CQC) comment cards to provide us with feedback on the practice. We received 42 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Five comments were less positive but there were no common themes. These were fed back to the practice to be dealt with. We also spoke with 23 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.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room.

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 GP patient survey showed 78% of practice respondents said the GP involved them in care decisions and 78% felt the GP was good at explaining treatment and results. The results from the practice's own General Practice Assessment Questionnaire showed that 89% of patients said they were sufficiently involved in making decisions about their care.

Are services caring?

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 patients we spoke to on the day of our inspection and the comment cards we received reflected that patients felt

they had received help to access support services when needed. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also signposted people to a number of support groups and organisations, for example, bereavement support groups. The practice's computer system alerted GPs if a patient was also a carer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patients' needs and had sustainable 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. For example, patients could access appointments face to face in the practice, receive a telephone consultation or be visited at home. Patients could also make appointments with the GP of their choice and this could be either with a male or female doctor. This ensured that the practice met, where possible, patient's individual preferences. Patients we spoke with and those who completed our comment cards all said they felt the practice was meeting their needs. This included being able to see the GP of their choice and being able to access repeat medication at short notice when this was required.

The practice had responded to the needs of the local population and had just employed a named nurse for patients over 75 years of age. The named nurse will be supported by all of the GP partners. Her role includes the review of patients over 75 years of age who are not on the Admission Avoidance Register, with particular emphasis on patients who have had a recent A&E attendance or emergency admission. The nurse will liaise with local care homes, the community team and other appropriate agencies. The aim of this new role is to ensure that the older population receive the same level of care and reviews as those patients who are able to visit the practice and avoid admission to hospital.

The NHS England Local Area Team (LAT) and 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. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services. Local area teams (LATs) are part of NHS England (NHSE) and work with GP practices to improve the health outcomes for people in England.

There had been very little turnover of staff in the practice during recent years which enabled good continuity of care and accessibility to appointments with a GP of choice. Longer appointments were available for people who needed them and those with long term conditions. This

also included appointments with a named doctor or nurse. Home visits by the GP or nurse practitioner may be appropriate for elderly patients who are housebound, for patients with certain medical conditions and for patients who were terminally ill.

All patients who needed to be seen urgently were offered same-day appointments and there was an effective triage system in place.

The practice worked with other agencies to make sure that patients' needs continued to be met. GP's used the 'Choose and Book' system to access hospital appointments for their patients. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. The patients we spoke with and comments received on comment cards showed that people were offered a choice of hospitals and community service to attend. These ensured patients were supported to choose other services in line with their preferences.

The practice responded to information from the patient forum (PF). The PF 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.

Following the General Practice Assessment Questionnaire (GPAQ) in October and November 2013 the PF suggested that the actions the practice could take, for example, maintain and improve current patient satisfaction levels, research ways of ensuring better continuity of care for patients wishing to see a particular GP, a further review of the appointment system and monitor and promote the use of on-line services.

On the day of the inspection we were told that in response the practice have reviewed the appointment system and introduced summer and winter timetables to enable them to deal with the demand. The practice has continued to look at better continuity of care for patients wishing to see a particular GP and the monitoring and promotion of on-line services such as ordering prescriptions and appointment booking.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

Are services responsive to people's needs?

(for example, to feedback?)

The premises and services was purpose built to meet the needs of people with reduced mobility. It was a purpose built building and provided good access on ground floor level. There were automatic doors at the entrance, hand rails, accessible toilets and car parking facilities.

The practice had access to online and telephone translation services.

There was a system for flagging vulnerability in individual records, people were easily able to register with the practice, including those with "no fixed abode" care of the practice's address.

Access to the service

The practice had a General Medical Services (GMS) contract. This is the contract between general practices and NHS England for delivering primary care services to local communities. We were told that services delivered by the practice were split into three groups: essential, additional and enhanced. The practice had to provide essential services for people who were sick with conditions from which recovery is expected, chronic disease management and general management of terminally ill patients. The practice could provide additional services, but could also opt out. For example, they had chosen to provide cervical screening, contraceptive services, vaccination and immunisation, child health surveillance, maternity services and some minor surgery procedures.

Patients we spoke with and the majority of patients who filled out our comment cards all said they were satisfied with the appointment systems operated by the practice.

Patients could make appointments in a number of ways. They could call in to the practice, request an appointment over the telephone, or book an appointment online after registering to use this service. The practice was open Monday to Friday and appointments were available from 08.30am to 6.30pm. Consultations were provided face to face at the practice, over the telephone, or by means of a home visit by a GP.

The practice used their nurse practitioner and nurse prescriber flexibly to increase their appointment capacity. The practice also operated a daily triage system which assisted the GPs to manage requests for same day appointments and ensured that patients were seen by an appropriate health care professional within a reasonable

timescale. Routine appointments were available to book up to four weeks in advance. Emergencies were always seen on the same day. This helped to ensure people had access to the right care at the right time.

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. This was provided by an out-of hour's service. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring dependent 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.

The practice offered extended hours surgeries on Tuesday and Wednesday evenings from 6.30pm to 7.00pm and on Thursday mornings from 7.30am to 8am. It was particularly useful for patients with work commitments. This was confirmed by the majority of comments cards we reviewed however one comment card did make reference to their inability to get an appointment due to work commitments.

The practice was situated on the ground and first floor of the building with all services for patients on the ground floor. Lift access was provided to the first floor. The practice had wide corridors for patients in wheelchairs. This made movement around the practice easier and helped to maintain patients' independence. We noted 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 and included baby changing facilities.

Listening and learning from concerns & complaints

The practice have a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations

Are services responsive to people's needs?

(for example, to feedback?)

for GPs in England and there was a designated responsible person who led on all complaints in the practice. The lead GP was designated as the responsible person who handled all complaints in the practice

Staff spoken with were aware of the practice's policy and knew how to respond in the event of a patient raising a concern or complaint with them directly. We were told a 'suggestions box' was in place in the waiting area on the day of the inspection.

Accessible information was provided to help patients understand the complaints system. There was a complaints procedure leaflet available to patients either in the practice or via the website. This gave clear guidelines to patients as to how to raise a complaint, what they could expect from the practice in response to a complaint and information

about support available to make a complaint, including advocacy services. There was also contact details of the Ombudsman for patients if they were not satisfied with the outcome of their complaint to the practice.

The practice had received 30 complaints within the last 12 months. We reviewed them and found that most of the complaints had been acknowledged on receipt, investigated and resolved in conjunction with and to the satisfaction of the complainant. We saw an annual summary of complaints but it did not identify any themes or learning from the complaints received. The practice did not have regular structured team meetings for all staff to attend in order for complaints to be shared and lessons learnt.

Are services well-led?

Requires improvement 

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

Our findings

Vision and Strategy

The practice had been holding 'strategy meetings' and had discussed developing a 2-5 year strategy but this was still in the very early stages. The practice manager was able to describe how the practice was run and the underlying principles, however the vision and values were not clearly defined. The practice manager explained how this was the essential next step to ensure that planning could be focussed and actions measured.

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 a selection of policies and procedures. When we spoke to staff they told us they knew how to access the policies should they need them but had not read all of them. They had not signed to confirm they had read and understood them. All the policies and procedures we looked at had been reviewed annually and were up to date.

Staff were aware of what they could and couldn't make decisions on. For example, staff who worked within the dispensary demonstrated to us they were aware of what they could and couldn't do with regards to the issue of repeat prescriptions. We also found the GPs had clearly defined lead roles within the practice, for example for safeguarding, health and safety, family planning or GP training.

The GPs from the practice sat on various local clinical groups. This included a local clinical reference group who met regularly and reviewed clinical issues. A GP also sat Quality and Patient Experience Committee (QPEC).

QPEC provides advice to ensure the quality and safety of healthcare, including activities traditionally referred to as 'clinical governance' and 'information governance', for example - clinical audit, education and training, patient involvement / experience, learning from complaints and incidents.

The practice did not have robust arrangements for identifying, recording and managing risks.

For example, the practice did not have good infection prevention and control systems to ensure that patients

who use the services receive safe and effective care. The practice did not have a system in place to audit and evidence that all cleaning had been carried out on a regular basis and all the areas are clean and hygienic.

The practice had a system to check staff are registered with the relevant professional bodies, for example, Nursing and Midwifery Council (NMC) and General Medical Council (GMC) but did not have a written policy which staff could use as guidance.

The practice did not have a policy for the management of 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. New guidelines for best practice, the implications for the practices performance and patients discussed.

Leadership, openness and transparency

At the time of our inspection the practice had submitted an application for the registration of a manager with the Care Quality Commission.

There was an established management structure within the practice. Staff demonstrated an understanding of their areas of responsibility and took an active role to ensure that a high level of service was provided on a daily basis. It was evident there was a strong team-working ethic among the practice staff. Several of the staff we spoke with told us about how they supported and helped colleagues during busy periods or when the need arose.

The visions and values of the service were clearly set out. Staff we spoke with told us there was a commitment to provide high quality care. They also said the service was well-led and that GP partners and the practice manager provided supportive leadership.

All of the staff we spoke with felt valued and respected by the leadership team. They were encouraged to express their views and told us they felt confident to raise any concerns. They told us the practice manager had an open door policy and they reported a healthy and open culture at the practice. This was reinforced by the practice manager who told us it was for each member of practice staff to identify and raise any significant or untoward incidents which affected or had the potential to affect patient care or safety.

Are services well-led?

Requires improvement 

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

We did not see any evidence of minutes for full practice team meetings. We discussed this with the lead GP and the practice manager and were told they did not take place. Meetings took place in individual teams, for example, nurse and GP Partner meetings. Full team practice meetings should be regular, structured, relevant and give all staff the opportunity to take part in order for performance, quality and risks to be discussed

The practice manager was responsible for human resource policies and procedures. We reviewed a selection of policies, for example, chaperone, fire, complaints, waste management and health and safety. The policies were in place to support staff. We were shown the staff handbook which was available to all staff, this included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

Data reviewed from the national GP patient survey showed the practice was rated 'good' by patients. Examples include, 96% of patients found the receptionists helpful. 82% of patients found it easy to get through by phone. 94% of patients had confidence and trust in the last nurse they saw or spoke to. The GP Patient Survey lets patients see how their practice is doing and helps them choose a new one when they need to.

The practice used the General Practice Assessment Questionnaire (GPAQ) to allow benchmarking against national scores and the national General Practice Survey. The results of the GPAQ were seen to be mostly positive with the practice generally scoring more highly than national average scores. The evidence from all these sources showed patients were highly satisfied with how they were treated and that this was with compassion, dignity and respect.

The practice had an active patient forum (PF). The PF 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.

The practice manager showed us the analysis of the last PF patient survey. The results and actions agreed from these surveys were available on the practice website.

The practice gathered feedback from staff through appraisals and general discussions. 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 whistleblowing policy and staff told us they felt confident to raise any concerns that could compromise patient safety. Whistleblowing is when staff are able to report suspected wrongdoing at work, this is officially referred to as 'making a disclosure in the public interest'.

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 and received training which was appropriate to their role.

The practice was a GP training practice. GP Registrars are fully qualified doctors who already have experience of hospital medicines and gain valuable experience by being based within the practice. They work full-time in the practice for a period of four 12 or 15 months dependent upon the stage of training they are at.

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The provider had not, so far as reasonably practicable, ensured that people who used the service were protected against identifiable risks of acquiring a healthcare associated infection. Regulation 12 (1) (a) (b) (2) (a) (c) (i)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Patients who use services were not protected against the risks of inappropriate care 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 patients from the carrying out of the regulated activities. Regulation 10 (1) (b)