

Suttons Medical Group

Inspection report

Trafalgar Square
Long Sutton
Spalding
Lincolnshire
PE12 9HB
Tel: 01406362081
www.suttonsmedicalgroup.co.uk

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This practice is rated as Good overall. (Previous rating 22nd August 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Suttons Medical Group on 12 July 2018 to follow up on breaches of regulations identified at our inspection in July 2017. At our previous inspection in July 2017 we rated the practice requires improvement for providing safe and well led services.

At this inspection we found:

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access when they needed it.
- The practice offered home visits and medication delivery service for those who could not access the practice.
- Since the last inspection the practice had employed a compliance manager to assist with the management of the two locations.
- The practice had implemented a system for safeguarding patients from abuse and improper treatment and worked with other agencies to ensure vulnerable patients were supported.
- A system had been put in place for monitoring high risk medication ensuring best guidance monitoring was complied with.

- The practice had put systems in place in relation to safety issues. For example fire and legionella.
- All clinical staff had access to NICE guidance during consultations and any new guidance was discussed as part of clinical team meetings.
- The practice had identified a high prevalence of diabetic patients and were actively improving treatment for these patients. The practice had become part of a diabetic network to support patients when moving between primary and secondary care. The practice also offered diabetic patients cognitive behavioural therapy as research had suggested this benefited newly diagnosed patients to manage their condition.

The areas where the provider **should** make improvements are:

- Review the clinical oversight and leadership at the branch surgery at Sutton Bridge
- Ensure systems for all significant events, complaints, dispensing errors and near misses include full investigations and any learning is shared with the practice team.
- Ensure patients are offered translation services if required to maintain confidential consultations.
- Improve dispensary standard operating procedures to include relevant information for processes.
- Continue completing quality improvement audits to implement systems which impact on patients.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager adviser and a second CQC inspector.

Background to Suttons Medical Group

Suttons Medical Group provides primary medical services to approximately 16,000 patients. The services are provided from at Long Sutton Medical Centre, Trafalgar Square, Long Sutton, Spalding, Lincs, PE12 9HB and has a branch surgery at Sutton Bridge Medical Centre, Railway Lane, Sutton Bridge, Spalding, Lincs, PE12 9UZ. Both sites were visited as part of the inspection.

Both sites are situated in a rural area with 16 villages surrounding the area. The transport links are reportedly limited within the area. Suttons Medical Group have a dispensary at each medical centre which are open daily.

The practice consists of four full time GP partners (Male), three part time salaried GP's (two male and one female), one locum GP (male), one full time paramedic, one nurse practitioner, five practice nurses, four health care support workers, two lead dispensers, nine dispensers, one dispensary counter assistant, supported by a practice manager, compliance manager and team of receptionists and administration.

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.

Both sites were open from 8am to 6.30pm Monday to Friday. The practice did not offer extended hours. Appointments with a GP could be pre-booked up to six weeks in advance and appointments with nurses could be pre-booked up to 12 weeks in advance. These could be booked in person, over the telephone or using the online booking system. Urgent appointments were available on the day for patients who needed them.

Suttons Medical Group was registered to provide the following regulated activities from both locations: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Family planning, Maternity and midwifery services and surgical procedures.

The practice offered home visits for patients who required them and could be conducted by GP's or paramedic. A home delivery system for medications was available for housebound patients.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

Are services safe?

We rated the practice as good for providing safe services.

At the July 2017 inspection we rated the practice as requires improvement for providing safe services, as there were areas where improvements were required. These included systems for high risk medicines, safeguarding and risk management of fire and legionella. At this inspection we found these areas had improved and systems were in place to keep patients safe.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- At this inspection we found the practice had appropriate systems in place to safeguard children and vulnerable adults from abuse. The practice had worked with Lincolnshire Clinical Commissioning Group's safeguarding lead to implement a safeguarding system. The practice had appointed a Safeguarding Champion since their last inspection to provide support and oversight. There were regular safeguarding meetings which were attended by other appropriate healthcare agencies.
- All clinical staff had completed level three safeguarding training. All practice staff had received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify concerns and knew who to report to.
- All employed staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Chaperones were offered to patients and all staff who acted as chaperones were trained for their role.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had oversight of all staff training which was regularly reviewed and managed if not up to date.
- There was an effective system to manage infection prevention and control at both sites. There was a named lead for infection control who managed the actions required plans and risks effectively.

- The practice had arrangements in place to ensure that facilities and equipment were safe and in good working order at both sites. Since the July 2017 inspection, the practice had developed a system for legionella management which had been adopted at both locations.
- Arrangements in place for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff could cover both sites if necessary.
- There was an effective induction system for temporary staff tailored to their role. The practice had an information pack for locum GP's which included important information for patient care.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- All practice staff were well informed on sepsis and knew symptoms to be aware of. The practice promoted sepsis awareness to patients in the waiting rooms. All computers had an information sheet with common symptoms to identify patients who presented with symptoms of sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Other agencies were included in multidisciplinary meetings to ensure continuity of care and treatment.

Are services safe?

- Clinicians made timely referrals in line with protocols. Since our last inspection the practice had improved the oversight of two week wait referrals for patients referred to secondary care.

Appropriate and safe use of medicines

The practice had systems in place for appropriate and safe handling of medicines.

- The practice had higher than local and national average prescribing for hypnotic medication. The practice was aware of this historical prescribing and clinicians were working on reducing this where appropriate in medication reviews with patients.
- The practice had systems in place for managing and storing medicines, including vaccines, medical gases, minimised risks. Emergency medicines and equipment were well maintained across both sites.
- All areas where medications were stored had effective temperature monitoring systems in place.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. There was a named GP who acted as the antibiotic guardian and adopted an antibiotic pledge to target usage. The practice worked closely with the clinical commissioning group to reduce antimicrobial usage.
- Since the previous inspection, the practice had put in place a system to audit patients on high risk medications to ensure monitoring had been conducted in line with guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines, usually twice yearly.

- Arrangements for dispensing medicines at the practice kept patients safe. The dispensary had a named GP lead to oversee both sites.
- Dispensing staff were knowledgeable about the service they provided, effectively providing patients with their medications. The dispensaries utilised a barcode system as second checks for all medications, often adding in third checks by staff, when required.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These risk assessments were reviewed regularly to ensure up to date practice was covered.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned when things went wrong and made changes to systems if necessary.

- Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they did so.
- Staff we spoke with on the day of inspection could not identify the process of how the incident was dealt with due to misunderstanding of the classification of incidents.
- There were systems for reviewing and investigating when things went wrong. However, the practice did not always report the lessons learned and shared from incidents.
- The practice effectively acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all the population groups as good for providing effective services overall .

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Staff advised patients what to do if their condition got worse and where patients could seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a ECG monitor which recorded measurements directly into the patients notes, providing accurate readings on patient's medical records.
- Home visits were carried out for patients who were unable to attend the practice. The practice employed a paramedic who carried out the home visits and the practice had purchased digital technology system that enabled access patients records whilst in the patients home.
- The practice had reviewed current NICE guidance on Asthma and had purchased a FeNO machine which assisted clinicians in the diagnosis and treatment management asthmatic patients to ensure they receive the correct and effective treatment options.
- The practice constantly monitored room temperatures for storing medications using tags which were downloaded electronically twice a day.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and

prescriptions were updated to reflect any extra or changed needs. The practice care co-ordinator could assist with any further support following discharge from hospital.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Nurses conducted these reviews using standard templates which were then attached to patient's medical record and medication changes were authorised by a doctor.
- For patients with the most complex needs, neighbourhood team meetings were conducted with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services. A care coordinator provided extra support and home visits for patients where required.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions.
- The practice had a high number of patients within the population who have diabetes and therefore had invested time and resources in improving diabetes care. The practice conducted feedback from diabetic patients routinely.
- They were part of the diabetes clinical network whose focus was to integrate treatment between primary and secondary care. The practice had a system in place which enabled pre-diabetic patients to be enrolled onto the NHS Diabetes Prevention programme.
- The practice offered any diabetic patients cognitive behavioural therapy as research had shown diabetic patients struggle to manage their diabetes. This service was funded through the clinical commissioning group. A psychologist provided patients with therapy sessions to assist in their treatment with a holistic approach.
- The practice's performance on quality indicators for long term conditions was in line with local and national

Are services effective?

averages. The practice's quality outcome framework indicator for ensuring diabetic patients have a cholesterol record in the previous 12 months was statistically higher than local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were mostly in line with the target percentage of 90% or above with one group of immunisations being below target. The practice was aware of that this was a data collection issue and were in discussion with NHS England and Public Health England to rectify the technology reporting issue. The practice was conducting manual searches to ensure that all children vaccinations were up to date. These searches were repeated regularly.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment at the practice or in secondary care. This would then be referred onto the safeguarding lead if required.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme. Although this was comparable with local and national averages, the practice was aware of this and sent letters or phoned patients to invite them in for screening to try and increase attenders.
- The practice's uptake for breast and bowel cancer screening was comparable with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Multidisciplinary team meetings were held regularly using gold standards framework to optimise care for patients using an evidence-based approach.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- There was a system for following up patients who failed to attend for administration of long term medication or missed appointments.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place with the social services and crisis team to become involved urgently.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to all patients with a learning disability however reported low uptake numbers. The practice found that patients with learning difficulty often found attending the surgery stressful and so they were monitored through normal appointments when possible.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- Quality outcome framework (QOF) results were all comparable to local and national averages. The practice had a dedicated QOF lead who overlooked practice performance. The practice had achieved all required points in 2016/2017 data.
- Exception rates were sometimes higher than local or national averages. However, the practice had a clear process for exception reporting where contact with patients was attempted and if there was no response after three attempts the patient was exception reported.
- The practice used information about care and treatment to make improvements such as learning from some significant events.
- The practice was involved in quality improvement activity. Clinical audit was conducted by doctors and nurses resulting in better patient care in areas such as high-risk medication, diabetes and safety alert issues.
- Since the July 2017 inspection, the practice had implemented systems to ensure that patients were being treated in line with national guidance. All clinicians had access to NICE guidance during consultations and any new updates were discussed as a team regularly.

Are services effective?

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people who required contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice managed staff training effectively and provided staff with time to meet standards. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and provided with extra training opportunities where available.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of disciplinary action when required and systems in place for clinical staff when performance was not to the required level.
- We saw evidence of management being flexible and supportive at times when appropriate.
- Dispensary staff were appropriately qualified and competence was assessed annually. They could demonstrate how they kept up to date. Staff were also encouraged to do extra training courses on suitable areas if issues had been identified.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when

coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services, neighbourhood care team and health visitors.

- Patients received coordinated and person-centred care. The care coordinator assisted when patients moved between services or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice had oversight of two week wait referrals which was previously picked up at the July 2017 inspection. The practice now sent letters to patients which explained the two week wait referral process and provided advice if they had not received a referral in a timely manner.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local support groups and initiatives to encourage patient's welfare such as outreach services, walking groups and wellbeing groups.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately and recorded on patients records.

Are services effective?

Please refer to the evidence tables for further information

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages with higher than average results for GP feedback.
- The practice sought feedback through friends and family testing and gave all patients the opportunity to give feedback after each consultation.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice identified carers and had a range of information available to them which was managed by a carers champion. The practice had 186 identified carers which is 1% of the practice population. The practice and Patient Participation Group were trying to promote awareness and information for carers.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment for both GP and nurse consultations.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed there was a private room within reception to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this which we saw evidence of.
- Dispensary had access to a private room for patients to discuss sensitive needs or counsel patients on medications if needed.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered. The practice had two sites which patients could access.
- The practice identified that many patients found it hard to access services due to poor transport links and offered home visits by GP's or a paramedic. The care coordinator could also offer support at home if needed.
- The practice provided effective care coordination for patients who were more vulnerable or who have complex needs. The practice had regular meetings with other agencies to provide holistic care and treatment for patients with complex conditions which require extra support.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service, Multi Dosage Systems of medication and large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for patients who were housebound.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health needs were being appropriately met. Nurses conducted these reviews with standardised templates. Medications were also reviewed as part of the review to ensure patients were still receiving safe and effective treatment. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances or patients who did not attend secondary care appointments. Records we looked at confirmed this.
- Parents or guardians who called with concerns about a child under the age of 18 were offered an urgent appointment on the day.
- The practice sent new baby information sheets to new families to include information on how to register and book necessary appointments,

Working age people (including those recently retired and students):

- The practice did not offer extended hours however working age patients could access the service during opening times and could pre-book appointments in advance. Patients could also book appointments online.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered patients with no fixed abode the option to register the practice as their address if they needed support.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice knew how to identify those with deteriorating mental health and would refer for support when required.
- Patients who failed to attend appointments were proactively followed up by a phone call from a GP and a letter if necessary.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The practice appointment system was well managed and appointment availability was good. Appointments were still available within an hour when enquired about in the afternoon on the day of inspection.
- Waiting times and delays were minimal and managed appropriately. Missed appointments were displayed in the waiting area to increase awareness which had started to reduce the number of appointments wasted.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and they were satisfied with availability.
- GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. Patients spoken to on the day of the inspection all identified they could access appointments when required.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously when raised. The system for investigating complaints was not always fully completed with actions and lessons learnt and shared.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The practice had a system in place for complaints involving investigating and then cascading information to the team. It was not always clear if learning from complaints had been shared or if any actions as a result of the complaint had been taken.
- Complaints were initially investigated and discussed at team lead meetings however these meetings were not regular meetings meaning complaints often took a long time to be fully dealt with.
- We did not see evidence of trend analysis on all complaints to identify recurring weaknesses within the practice.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

At the July 2017 inspection we rated the practice as requires improvement for being well-led due to a lack of leadership and governance, a lack of systems and processes to keep patients from harm and ineffective information sharing in regards to meeting minutes, significant events and complaints.

At this inspection the practice had made some improvements in leadership and governance however there were still some issues around information sharing within the practice. Systems had been implemented for significant events and complaints however they sometimes did not have all information required.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were approachable however management were mainly based at one site. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Members of staff told us they felt able to approach managers to raise comments or concerns.
- The practice had employed a compliance manager to assist in the oversight of the practice due to capacity issues they had identified.
- The management staff told us they had oversight of both sites of the practice. However we found that the management of the Sutton Bridge branch which was not consistent with that of Long Sutton. For example, there were old copies of policies and paperwork seen at Sutton Bridge which had been renewed however staff were not aware of the renewed versions.

Vision and strategy.

- All practice staff had a clear set of values to ensure patient care was the focus of their work. Members of staff understood their role within the surgery to achieve their values.

- The strategy was in line with health and social care priorities ensuring the patient was at the centre of their care. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. Staff we spoke to on the day of inspection were enthusiastic about their work and wanted to make patients experience positive. All staff were positive about working within the practice and reported strong morale.
- The practice focused on the needs of patients and regularly reviewed any additional needs.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence of managers dealing with behaviour they felt was not consistent with their expectations.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. The practice introduced a running club for their staff members to promote physical activity after work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams observed.
- Management demonstrated where they had gone above and beyond with staff members facing personal difficulties, including financial aid and supporting relocations of families.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. We found some systems and processes needed to be embedded more to ensure the wider team were included such as information recording and sharing.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- The practice showed improvements in areas which were highlighted at the July 2017 inspection and had implemented some systems and processes to keep patients safe in areas such as safeguarding, fire safety and legionella.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice did not hold full team meetings due to capacity however they implemented a cascade system where team leaders attended meetings and relayed information to all team members. Minutes were also available to staff following meetings. However not all staff were always aware of all matters discussed at team meetings. Following the inspection the practice informed us that they had adopted a signature sheet for the dissemination of information discussed at team leaders meetings.
- Meeting minutes often were of a standard format however did not contain enough information for some areas to understand fully what was discussed and agreed.
- The dispensary had a suite of Standard Operating Procedure's (SOP's) however they did not all contain specific information to identify the processes to follow.
- Practice leaders had oversight incidents and complaints. Any learning from incidents were passed through to teams through a cascade system which meant that not all staff were aware of all incidents which occurred.
- We found there was a lack of understanding about classifications of incidents between the management and practice staff. This resulted in practice staff not being able to tell us the full system for near misses, dispensing errors and significant events.
- The practice produced clinical audits which had an impact on patient safety and outcomes for patients. The practice showed positive impacts with clinical audits which were identified through issues raised as significant events.
- The practice had plans in place and had trained staff for major incidents.
- On the day of inspection, we saw acute prescriptions being dispensed without a clinician's signature. A risk assessment had not been adopted for this however this was completed on the day of the inspection to minimise the risk of patient harm.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice identified inaccurate information reporting and continually monitored progress manually to ensure patient safety, such as vaccinations data issues.
- The practice used information technology systems to monitor and improve the quality of care where possible.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Managing risks, issues and performance

There were processes for managing risks, issues and performance however they were not always effective. Systems for recording and investigating on significant events were not always fully recorded with learning points.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Safety alerts were managed in the practice and directed to the teams which were affected.

Are services well-led?

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who were involved in health promotion and fundraising. The PPG had recently purchased some raised seating for the waiting room to aid patients when accessing the surgery.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems in place for learning and continuous development however the systems were not always completed. On the day of inspection, we saw evidence of incidents which had been discussed in meetings however

had not been recorded as part of the significant event process. It is not clear as part of the meeting minutes what the full discussion was regarding these or if any learning or actions were taken from the event.

- The practice emphasised continuous improvement however the improvement from incidents was not always recorded. The practice had a reporting system for incidents and significant events however the process was not always completed.
- The practice did not complete theme analysis of significant events of incidents.
- Meeting minutes included incidents and events which had not been recorded as per the practice policy and included on the log. It is therefore not sure if these incidents had been investigated and finalised.

Please refer to the evidence tables for further information.