

North Somercotes Surgery

Quality Report

Keeling Street
North Somercotes
Lincolnshire
LN11 7QU

Tel: 01507 358623

Website: www.marshmedicalpractice.com

Date of inspection visit: 13 April 2017

Date of publication: 03/07/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to North Somercotes Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Somercotes Surgery on 13 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- If families had suffered bereavement, their usual GP sent a letter to the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewarded practices for providing high quality services to patients using their dispensary.
- The practice had been awarded a 'Lincolnshire Carer's Quality Award' due to the success of their carers support programme. The practice had identified 143 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Review the process for medicines incidents or 'near misses' to ensure learning from these near misses takes place and evidence and actions taken as a result are documented.

- Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including in respect of satisfaction on access to appointments and use of the appointments system and also in respect of consultations with GPs and nurses.
- Review meeting structures to ensure all staff groups including dispensary staff working across both surgeries have the opportunity to attend practice meetings. In particular, to ensure all staff are involved in discussions to enable learning from significant events, complaints, incidents and near misses.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 143 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from eight examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a delivery service from their dispensary for patients to their home address for those who were unable to attend the practice to collect their medications.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice provided a delivery service from their dispensary for patients requiring medications to be delivered to their home address.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 89% which was comparable to the CCG average of 93% and the national average of 90%. (This included an exception reporting rate of 8% which was lower than the CCG average of 11% and the national average of 12%).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages for most vaccines given. For example, rates for the vaccines given to under two year olds ranged from 93% to 97% and five year olds from 80% to 92%.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the national average of 81%.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice offered an appointment text reminder service for patients.
- The practice provides on-line services for patients such as to book routine appointments, ordering repeat prescriptions and ability to view patient summary care records.
- The practice provided extended hours appointments at the Manby Surgery.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- Performance for mental health related indicators was 95% which was higher than the CCG average of 89% and the national average of 93%. (This included an exception reporting rate of 6% which was lower than the CCG average of 15% and the national average of 11%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing lower than local and national averages in some areas. 216 survey forms were distributed and 120 were returned. This represented 2.5% of the practice's patient list.

- 65% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients told us that staff were professional, helpful and caring. Those comments that were less positive were in relation to access to appointments and long waiting times from arrival to being seen.

We did not speak with patients during the inspection. However, we did speak with one member of the patient participation group who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 89% of patients who had responded said they would recommend this practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Review the process for medicines incidents or 'near misses' to ensure learning from these near misses takes place and evidence and actions taken as a result are documented.
- Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including in respect of satisfaction on access to appointments and use of the appointments system and also in respect of consultations with GPs and nurses.
- Review meeting structures to ensure all staff groups including dispensary staff working across both surgeries have the opportunity to attend practice meetings. In particular, to ensure all staff are involved in discussions to enable learning from significant events, complaints, incidents and near misses.

North Somercotes Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to North Somercotes Surgery

North Somercotes Surgery provides primary medical services to approximately 5,727 patients surrounding the village of North Somercotes in Lincolnshire and also includes a large part of coastal East Lincolnshire which includes numerous surrounding villages between the surgeries and the coast. The practice has a branch surgery called 'Manby Surgery' located in a nearby village called Manby. The practice has a dispensary on site at both the main and branch surgery and dispenses to 95% of the patient list. Both surgeries are accessible to people using wheelchairs and those with other disabilities and have car parking facilities for both patients and staff.

The practice experiences high numbers of temporary residents who occupy caravan and mobile homes at four nearby caravan sites. These temporary residents are additional to the list of registered patients and can incur an increase of approximately 1200 additional patients per year, particularly between April and September.

The practice is located within the area covered by Lincolnshire East Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) contract. It is registered with the Care Quality Commission to provide the

regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning; maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed two female salaried GPs, an operations manager, finance manager, nurse manager, dispensary manager, one nurse practitioner, four practice nurses, three health care assistants (HCAs), phlebotomists and a team of dispensing, reception and administration staff.

North Somercotes Surgery is open from 8am until 6.30pm on a Tuesday, Thursday and Friday and from 8am until 5pm on a Monday and Wednesday. Manby Surgery is open from 8am until 6.30pm on a Monday and a Wednesday, from 8am until 1.30pm on a Tuesday and a Thursday and from 8am until 5pm on a Friday. Appointments are available between these times. Extended hours appointments are available at Manby Surgery.

The practice has a higher than average number of patients between the ages of 50 and 84 years of age and 74% of patients have a long standing health condition compared to the national average of 54%.

The practice provides on-line services for patients such as to book routine appointments, ordering repeat prescriptions and ability to view patient summary care records.

The practice is a training practice for nurse students enrolled on undergraduate and post graduate education programmes with the University of Lincoln.

The practice is part of a federation called 'East Lincolnshire Federation Group'. This federation had been established prior to our inspection and was still in its infancy.

Detailed findings

When the surgery is closed GP out-of-hours services are provided by provided by Lincolnshire Community Health Services NHS Trust which can be contacted via NHS111.

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. The 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and NHS Lincolnshire East Clinical Commissioning Group (LECCG) We carried out an announced visit on 13 April 2017. During our visit we:

- Spoke with a range of staff at both surgeries including a lead GP, operations manager, finance manager, HR consultant, nurse manager dispensary manager, a health care assistant, a dispenser and members of the reception and administration team. We also spoke with one member of the patient participation group.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed 20 comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked 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 whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- During our inspection, we reviewed nine significant events which had been reported and actioned within the last 12 months. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that a thorough analysis was carried out of all significant events reported and lessons were shared and action was taken to improve safety in the practice. The practice also carried out a significant event analysis identified from complaints received which constituted this. There were appropriate arrangements in place for the recording of significant events involving medicines.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts during our inspection which showed that an effective system was in place. We looked at records held within the dispensaries relating to recent medicine safety alerts, and action taken in response to them however, there was no evidence to show that staff had received, read or understood these alerts. We were assured that this system would be reviewed immediately and were provided with documented evidence of this shortly after our inspection.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and a deputy lead GP in place for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. However, it was noted at the branch surgery that notices were not clearly visible. The practice assured us at the time of our inspection that this would be rectified, we were provided with evidence of revised chaperone notices shortly after our inspection. All staff who acted as chaperones were trained for the role and 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).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- A register was held by the practice which included full details of NMC registration numbers. This register also held details of DBS check details and General Medical Council (GMC) registration numbers for all GPs.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken

Are services safe?

to address any improvements identified as a result. The last IPC audit had been carried out in December 2016. We also saw evidence that monthly cleaning audits were carried out.

- We observed suitable processes were in place for the storage, handling and collection of clinical waste.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Arrangements for managing medicines were checked at the practice during our inspection. Medicines were dispensed at both North Somercotes and Manby surgeries for Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), a system was in place to ensure relevant staff had read and understood SOPs.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were recorded upon receipt into the practice and stored securely. Prescriptions for use in printers were tracked through the practice in accordance with national guidance.
- Four of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw examples of these during our inspection and noted that they had been appropriately signed and dated by those required to use them.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals.
- The practice dispensaries held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction. During our inspection, we observed a member of the dispensary team dispensing controlled drugs to a patient. Controlled drugs were dispensed safely and in line with the standard operating procedure in place.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Dispensary staff told us there was a procedure in place to ensure dispensary stock was within expiry date, and stock was rotated to ensure that oldest stock was used first. We saw there was a process for monitoring prescriptions that had not been collected.
- Staff kept a 'near miss' record (a record of errors that have been identified before medicines have left the dispensary). This meant they had the potential to identify trends and patterns in errors and take action to prevent reoccurrences. However, we saw that this was not taking place consistently across both dispensaries and the identity of the dispenser was not recorded on the near miss records. There was no evidence of any analysis or learning from the near misses.
- Monitored dose systems were offered to patients who struggled to take their medicines; we saw the process for the packing and checking of these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewarded practices for providing high quality services to patients using their dispensary.

Are services safe?

- Processes were in place to check that all medicines in the main and branch dispensaries were within their expiry date and suitable for use. We saw evidence of regular checks being undertaken. We checked numerous medicines during our inspection at both the main and branch surgery dispensary and all were within their expiry date.
- During our inspection, we observed that all vaccinations and immunisations were stored appropriately at both the main practice and branch site. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place. (cold chain is the maintenance of refrigerated temperatures for vaccines). An independent thermometer was installed to the vaccination fridge which provided an additional temperature check.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. The practice ensured health and safety audits were carried out by an external specialist. We saw evidence of these audits during our inspection.
- The practice had an up to date fire risk assessment which had last been reviewed and updated in June 2015. and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. During our inspection, we saw evidence of electrical and calibration check records which had been carried out by an external specialist. We also saw evidence of gas safety checks that had been carried out of both practice premises in March 2017.

- The practice had a risk register in place which included a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of the last legionella management survey which had been carried out by an external specialist in May 2016.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. The surgery held stocks of emergency medicines and processes were in place to ensure they were within expiry date.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had implemented an electronic system which integrated evidence based guidelines into the electronic patient care record system. This system enabled access to the most up to date guidelines and templates for use by clinicians during patient consultations and it was available at both surgeries.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was 89% which was comparable to the CCG average of 93% and the national average of 90%. (This included an exception reporting rate of 8% which was lower than the CCG average of 11% and the national average of 12%).
- Performance for mental health related indicators was 95% which was higher than the CCG average of 89% and the national average of 93%. (This included an exception reporting rate of 6% which was lower than the CCG average of 15% and the national average of 11%).

There was evidence of quality improvement including clinical audit:

During our inspection, we looked at numerous clinical audits which included audits of medicines including patients prescribed antimicrobials including antibiotics. The aim of this audit was to monitor prescribing levels to ensure the effective use of antimicrobials (including antibiotics) in children, young people and to ensure that antimicrobials remained an effective treatment for infection. The most recent audit carried out between September 2015 and September 2016 had demonstrated a significant reduction in antimicrobial prescribing. The practice also carried out a thematic review of significant events and incidents which would include a review of unexpected patient deaths, any delayed or misdiagnosis of patients and medication errors if these had occurred. We saw evidence of the most recent thematic review carried out which included a detailed action plan with timescales. This ongoing review was monitored on a monthly basis and bi-annual audits were carried out.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating

Are services effective?

(for example, treatment is effective)

GPs and nurses. All staff had received an appraisal within the last 12 months. The practice ensured all staff received a six monthly midyear appraisal prior to their annual appraisal taking place. Two salaried GPs were undertaking training to enable them to mentor international doctors who were scheduled to commence employment at the practice in May and August 2017.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages for most vaccines given. For example, rates for the vaccines given to under two year olds ranged from 93% to 97% and five year olds from 80% to 92%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 61% of patients aged between 60-69 years of age were screened for bowel cancer within 6 months of invitation compared to the CCG average of 59% and the national average of 56%. 79% of female patients aged between 50-70 years of age were screened for breast cancer in the last 36 months compared to the CCG average of 76% and the national average of 72%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Most of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Those comments that were less positive were in relation to access to appointments and longer waiting times.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mixed responses from patients when asked if they felt they were treated with compassion, dignity and respect. The practice was below average in some areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 89% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 95%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.

Are services caring?

- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

During our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were positive about the standard of care received. Patients told us that the care and support they received was excellent and that patients felt listened to and treated with dignity and respect.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services such as Language Line telephone interpreter service were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (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.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice took part in a carer support programme which aimed to identify carers both young and adult. The practice had been awarded a 'Lincolnshire Carer's Quality Award' due to the success of their carers support programme. The practice had identified 143 patients as carers (2.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities which included a hearing loop, and interpretation services available. The practice website was enabled to translate content in a choice of 103 languages for patients whose first language was no English.

Access to the service

North Somercotes Surgery was open from 8am until 6.30pm on Tuesday, Thursday and Friday and from 8am until 5pm on a Monday and Wednesday. Manby Surgery was open from 8am until 6.30pm on a Monday and a Wednesday, from 8am until 1.30pm on a Tuesday and a Thursday and from 8am until 5pm on a Friday. Appointments were available between these times. Extended hours appointments were available at the Manby Surgery.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either comparable to or lower than local and national averages in some areas. For example:

- 63% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.
- 67% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 40% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

The practice was aware of their lower than average patient satisfaction results and were actively monitoring patient satisfaction received in conjunction with the patient participation group (PPG). The practice had also planned to hold an event in the future to promote and encourage patients to use online services such as appointment booking and ordering repeat prescriptions.

The practice had recently increased the availability of extended hours appointments for patients. We were also told that the practice had recently employed two additional doctors who were part of an international doctor's scheme who would provide additional GP appointments in the practice. These doctors were due to commence employment in May and August 2017.

We saw evidence that the practice monitored and acted upon patient feedback and suggestions received through

Are services responsive to people's needs?

(for example, to feedback?)

the patient suggestion box with a view to improving patient satisfaction. The practice held records of a report which detailed actions taken by the practice as a result of feedback.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found that these complaints were satisfactorily handled, and dealt with in a timely way with openness and transparency. We saw evidence that complaints were investigated and responded to in writing, apologies were given where necessary. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

The practice also held a register of all compliments and positive feedback received. These compliments were circulated to the whole practice team electronically and also produced a written report to include positive patient feedback which was circulated to staff. We saw evidence of the most recent annual report for 2015-16 which included 17 compliments received.

The practice completed an annual report based on all complaints and compliments received. We saw evidence of this during our inspection.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a vision statement in place and staff we spoke with knew and understood these values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recruited two additional doctors from the European Union who were due to start work in May and August 2017. The lead GP spoke positively about the recruitment of these additional doctors and it was anticipated that this would further improve the availability of appointments for patients. Two salaried GPs were completing mentorship training to enable them to mentor these doctors when working in the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However, staff working in the dispensaries across both surgeries did not have the opportunity to attend these practice meetings.

Leadership and culture

On the day of inspection the lead GP and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. We found that the practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice commenced participation in the 'Investors in People' award in March 2017. (Investors in People is a standard for people management).
- The lead GP employed the services of a human resources (HR) consultant to provide guidance and support to the lead GP and management team regarding staffing, recruitment and other HR related work and was working in conjunction with the lead GP in the development of a coaching and mentoring programme for practice staff and also the development of the appraisal system. This consultant was present during our inspection.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG which had formed in 2012 met regularly, collected patient feedback which was discussed with the practice during PPG meetings and submitted proposals for improvements to the practice management team. For

example, the practice had carried out a full refurbishment of both the main and branch site premises which included consulting rooms, patient waiting areas and the reception areas. The main practice refurbishment had also including the addition of a meeting room and student training area. The practice had also made improvements to its website to include news items for patients as well as useful links to health promotion advice.

- the NHS Friends and Family test, complaints and compliments received.
- generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, two salaried GPs were undertaking training to enable them to mentor international doctors who were scheduled to commence employment at the practice in May and August 2017.