

# Lindum Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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	6
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Lindum Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	30

## Overall summary

### **Letter from the Chief Inspector of General Practice REQUIRES IMPROVEMENT**

We carried out an announced comprehensive inspection at Lindum Medical Practice on 23 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for all the population groups. It was good for providing an effective, caring and responsive service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a clear system for reporting incidents, near misses or concerns but evidence of learning and communication to staff was limited.

- Risks to patients were assessed and well managed except for DBS for staff undertaking chaperone duties.
- Data showed patient outcomes were at or above average for the locality. The practice achieved 95.1% of the total QOF target in 2014, which was the same as the CCG average and 1.6% above the national average.
- Audits had been carried out but we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 94% patients who responded to the January 2015 national patient survey said they had confidence and trust in the last GP they saw.
- Information about services and how to complain was available and easy to understand.
- The practice had open access clinics on a daily basis. However patients said that they sometimes had to wait a long time for non-urgent appointments.

# Summary of findings

- 91% of people who responded to the January 2015 national patient survey said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 74%.
- The practice had a number of policies and procedures to govern activity. We found that the practice did not keep them in one place which made it difficult for staff to access them.

The areas where the provider must make improvements are:

- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Have a system in place to ensure audit cycles have been completed and actions identified are followed up and completed.
- Ensure actions from fire safety risk assessment have been carried out to ensure patient, staff and visitor safety whilst in the practice.
- Ensure DBS or risk assessment is undertaken for staff who act as a chaperone.
- Ensure patients' medical records are stored securely at all times.

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. Ensure staff know where to find the policies and only have one policy for each area
- Have cleaning schedules in place for each area of the practice. Review and do spot checks to ensure an appropriate standard of cleaning has taken place.
- Improve their screening uptake figures across all screening services.
- Have information available to patients and in all clinical rooms in regard to the availability of a chaperone.
- Have a system in place to ensure all staff have awareness of Mental Capacity Act 2005 and Gillick competencies.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were thorough enough but lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire safety and DBS checks for staff who acted as a chaperone. There were enough staff to keep patients safe.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Quality and Outcome Framework (QOF) was 95.1% for 2013/14. This was the same average for the CCG but 1.6% above national average. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. The evidence from the January 2015 national GP patient survey showed the practice was rated as good. 82.5% of people who responded would recommend this surgery to someone new in the area compared to the CCG average of 80.3% and national average of 78%.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The January 2015 national GP patient survey information we reviewed rated the practice well in these areas. For example: 82.% of people who responded would recommend this surgery to someone new in the area compared to the CCG average of 80% and national average of 78%. 76% of people who responded described their experience of making an appointment as good compared to the CCG average of 74% and national average of 74%.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. We did not see any evidence that learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management. There were some systems in place to monitor and improve quality and identify risk except for fire safety and DBS checks for staff who acted as a chaperone. The practice had policies and procedures to govern activity, but staff required further policies, for example, consent.

We found that the practice had a backlog of scanning letters received by post which dated back to 27 April 2015. The practice policy was for this to be done on a daily basis. We found that some patients' paper medical notes in two areas of the practice were not kept secure. The practice had carried out clinical audits over a number of years. However in one audit we found that the practice had not been pro-active in the recall of the patients identified to review their medicines and make changes where appropriate.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Patients over 75's were informed of their named GP. The practice had a Risk register of those most vulnerable and at risk of hospital admission. The practice had a dedicated telephone line for nursing homes or accident and emergency to contact them as required.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients with long term conditions had a named GP and a structured annual review to check that their health and medication needs were being met. 67% of eligible patients had received an annual health check. Patients were offered a longer appointment for chronic disease management. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# Summary of findings

requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Sexual health advice, contraception monitoring and chlamydia screening is offered by the practice. All the practice nurses carry out Cytology screening.

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

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

The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. An advanced Nurse Practitioner offers walk – in appointments, telephone consultations and booked appointments. GP clinics have recently been extended to 15 minute duration appointments to ensure patients are given time to discuss all their concerns promptly. Referral to smoking cessation and weight watchers was also encouraged.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

**Requires improvement**



# Summary of findings

rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances which included those with a learning disability. The practice had a lead nurse for patients with a learning disability who carried out annual health checks. 87 % had received an annual medication review.

Patients had been followed up as required. The lead nurse had developed a protocol for staff on supporting patients with a learning disability. It included information on annual health checks, consent, mental capacity Act 2005 and safeguarding.

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

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Awareness of Mental Health Issues was acknowledged by staff. The practice regularly refers to the Local Mental Health Services.

84 % of patients who suffer with dementia had received an annual medication review.

88% of patients who suffer with depression had received an annual medication review.

81% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement





# Summary of findings

One of the GP's at the practice had a special interest in Drug and Alcohol abuse services. They held a weekly clinic supporting a drug and alcohol withdrawal pathway. 15 minute appointments had recently commenced which enabled the GP to undertake dementia screening. The practice host weekly memory clinics.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia. It carried out advance care planning for patients with dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. For example, access to the CRISIS team.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. MIND is a mental health charity in England and Wales. MIND offers information and advice to people with mental health problems.

# Summary of findings

## What people who use the service say

The January 2015 national GP patient survey sent out 330 surveys. The practice had a 36% return rate. It showed that 82% of patients would recommend the surgery to others. 85% of patients who responded described the overall experience as good. 87% of respondents felt the GP treated them with care and concern (same as CCG and national average) and 96% for the nurse.

We spoke with four patients on the day of our visit. They told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. All told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed 13 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views

on the care and treatment received. 12 out of the 13 cards completed had positive comments on them. They all felt that the quality of care was good. Staff were caring and they were treated with dignity and respect. The receptionists were helpful and welcoming. GPs and nurses were extremely caring and efficient. One negative comment was around being able to see the same GP.

We spoke with a primary care navigator and a complex case manager. They told us that the practice team were very approachable. They both had a good working relationship with the team and felt the practice gave a good standard of care to their registered patients. A primary care navigator informs and advises GPs and primary care staff about what is available to support older people who are registered at the practice. Funded by Age UK and is a pilot for one year. A complex case manager provides a nursing service for those who, for reasons of acute or chronic illness, are unable to leave their home.

## Areas for improvement

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

- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Have a system in place to ensure audit cycles have been completed and actions identified are followed up and completed.
- Ensure actions from fire safety risk assessment have been carried out to ensure patient, staff and visitor safety whilst in the practice.
- Ensure DBS or risk assessment is undertaken for staff who act as a chaperone.
- Ensure patient's medical records are stored securely at all times.

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

- Improve the availability of non-urgent appointments.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. Ensure staff know where to find the policies and only have one policy for each area
- Have cleaning schedules in place for each area of the practice. Review and do spot checks to ensure an appropriate standard of cleaning has taken place.
- Improve their screening uptake figures across all screening services.

# Lindum Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Lindum Medical Practice

Lindum Medical Practice provides primary medical services to a population of 8,473 registered patients in the city of Lincoln.

Lindum Medical Practice is a well-established GP surgery in purpose built premises within a Healthcare complex. It has allocated parking, including disabled access to the right of the main entrance. The main entrance has automatic doors and can accommodate mobility scooters, prams etc. The clinical areas are all on the ground floor. They have a disabled toilet and baby changing area on the ground floor and a hearing loop facility is available for patients who have hearing difficulties. Within the waiting area they have a glazed area 'bubble' where they can isolate patients who may have an infection or if a patient requests to speak to someone privately.

At the time of our inspection the practice employed four GP partners (three male, one female), a practice manager, business manager, a nurse practitioner, four practice nurses, two health care assistant and ten reception and administration staff.

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

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

Lindum Medical Practice, 1 Cabourne Court, Cabourne Avenue, Lincoln. LN2 2JP

Lindum Medical Practice is open between 8.00am & 6.00pm Monday to Friday and alternate Saturdays.

Appointments are available Monday, Wednesday, Thursday and Friday, 8.00am to 11.30am and 2.00pm to 6.00. Alternate Monday's appointment up to 8pm for GP, Nurse and Health care assistant. Tuesday 7.30am to 11.30am and 2pm to 6pm. Alternate Saturdays 9.30am to 11am pre-booked appointments for the GP and nurse.

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

NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for 230,000 people registered with 37 GP member practices covering 420 square miles across Lincoln, Gainsborough and surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

Lindum Medical Practice has seen a growth of 6.4% of patients over the past four years. This is more than the CCG

# Detailed findings

and national average. They have a high percentage of deprivation in the area the practice covers and are in the top four deprived practice of the CCG out of 37 practices.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

## Why we carried out this inspection

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

This provider had been inspected in May 2014 in the pilot phase of the CQC's new methodology. They were in breach of regulations so we have re-inspected this location to check that improvements have been made and to give the practice a rating for the services they provide.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. These groups are:

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

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

We carried out an announced inspection on 23 June 2015.

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

We reviewed 13 completed comment cards. 12 were positive and described very good care given by staff who were caring, understanding and responsive.

One was less positive with issues with getting an appointment and appointments running late. We spoke with the management team who told us they would look into the concerns raised.

We spoke with three GPs, a practice manager, business manager, two nurses, one health care assistant, four reception and administration staff and two GP trainees.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

# Are services safe?

## Our findings

### Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. Minutes of meetings we looked at did not demonstrate a safe track record over the long term. The records we looked at relating to significant events, near misses and complaints showed that issues had been considered. However, significant events and near misses had not always been reviewed in enough depth to ensure that relevant learning and improvement could take place. Some actions had been identified. The practice had not completed an action plan or identified a person responsible for ensuring that the actions were completed. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, we saw where staff had reported a breach of confidentiality.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last year and saw this system was followed appropriately. The practice had had nine significant events and we reviewed three on the day of the inspection.

The incidents we reviewed were not recorded in detail, for example, the time of event and the staff members involved were not documented. The significance of the findings and learning for improvement had been identified. For example one reported event related to a patient who had been extremely unwell. The issues had been considered and some action taken, for example, further cardiopulmonary resuscitation. However, the actions did not include consideration of checking staff adherence to policies and procedures to prevent a reoccurrence. We found that there was limited evidence to demonstrate that the practice had shared the findings with the whole practice team.

We were told that significant events were discussed at practice meetings but minutes we looked at did not show this and they were poorly recorded. One set of minutes had a significant event discussed but no information on recommendations and actions had agreed and no

identified person to lead on any actions. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

We saw that a yearly review of significant events had taken place on 29 May 2015. Three outstanding actions from the overall review were documented. These included Cardiopulmonary Resuscitation Training, Panic Alarm testing Log and Panic alarm icon on the computerised system. Minutes said that a discussion was held but agreed changes and actions had not been documented.

We saw evidence that staff used incident forms and sent completed forms to the business manager. She showed us the system used to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and that the learning had been shared. Where patients had been affected by something that had gone wrong they were given an apology and informed of the actions taken to prevent the same thing happening again.

National patient safety alerts were disseminated by the practice manager to practice staff via the practice intranet. The practice manager identified which alerts were relevant to general practice and sent them to either the GPs or members of the nursing team. Staff would inform the practice manager when they had completed any necessary actions. A member of staff we spoke with was able to give examples of recent alerts that were relevant to the care they were responsible for.

### Reliable safety systems and processes including safeguarding

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

We found that the practice had two safeguarding policies with different guidance provided to staff. The safeguarding

## Are services safe?

policy kept in the staff handbook had conflicting information. It did not assure us that staff had the correct guidance. However we found a more robust safeguarding vulnerable adults policy which had guidance, contact details, safeguarding lead identified for staff to use in the event of a safeguarding. We spoke with the management team who told us they would ensure that staff were made aware of the correct policy to refer to when they required guidance.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern. We looked at minutes of a multi-disciplinary meeting on 9 June 15. Concerns over a child's behaviour, referral mechanisms and the sharing of clinical record were discussed. Information to be shared over the patient electronic record was agreed.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy in place and information for patients advising of the availability of chaperones, which was visible at the reception desk but not in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). We did not see any evidence that nursing staff had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Non clinical staff who undertook chaperone duties had not received Disclosure and Barring Service (DBS) checks. (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 had not carried out a risk assessment relating to staff undertaking chaperone duties without a DBS check.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services. Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed appointments frequently. These were brought to the GPs attention, who then worked with other health and social care professionals. We saw minutes of meetings where vulnerable patients were discussed.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times

We looked at records of practice meetings but did not see any evidence that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

There was a system in place for the management of high risk medicines and other disease modifying drugs, which



## Are services safe?

included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked four anonymised patient records which confirmed that the procedure was being followed.

The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the practice. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. Two members of the nursing staff were qualified as independent prescribers and received regular supervision and support as well as updates in the specific clinical areas of expertise for which they prescribed.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

### Cleanliness and infection control

We observed the premises to be generally clean and tidy. An external cleaning company was employed by the practice. We saw there was a cleaning schedule and specification for the premises which had been agreed with the cleaning company. This specified daily and weekly tasks for different areas of the practice. We asked to look at records which showed that the cleaning had been carried out and were told by the practice manager that the cleaner signed in and out and this was the record that the cleaning

had been completed. Additionally there was no record of the weekly tasks being carried out. There was no system in place for the practice to be assured that all cleaning tasks had been completed.

Patients we spoke with told us they found the practice clean and had no concerns about cleanliness. The practice had identified some areas that needed redecoration which were planned as part of development of the practice. The infection control lead told us they raised any issues regarding cleaning with the practice manager who would contact the cleaning company. There were no formal records of any spot checks having taken place.

There was a control of substances hazardous to health (COSHH) policy available and information relating to cleaning products was available to ensure their safe use.

One of the practice nurses was the lead for infection control. They attended regular infection control update meetings and were awaiting an available training course to enable them to provide advice on the practice infection control policy and carry out further staff training. Staff had received induction training about infection control specific to their role.

The practice had carried out an infection control audit in August 2014 and we saw there was an action plan in place to address issues which were identified. The majority of the actions had been completed.

An infection control policy and supporting procedures were available for staff to refer to, which gave guidance as to how to plan and implement measures to control infection. For example, there was a blood spillage kit available and staff were able to describe how they would use this in line with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had arrangements in place for the safe disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company.

The practice did not have a policy in place for the management, testing and investigation of legionella (a

## Are services safe?

bacterium that can grow in contaminated water and can be potentially fatal). We spoke with the practice manager who told us they had arranged for a legionella risk assessment to be carried out in July 2015.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was May 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment, for example weighing scales, spirometers and blood pressure measuring devices.

### Staffing and recruitment

We looked at seven staff files and saw that they contained evidence that most of the required recruitment checks had been undertaken prior to employment for permanent staff. For example, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). Not all files held evidence of proof of identification, for example, a photograph. The practice had a recruitment policy that set out the standards it followed when recruiting staff. The requirement of photographic identification was not included in the policy. The business manager told us they were not aware of the requirement for photographic identification as part of the recruitment process but would implement this going forward. The practice did not have a process in place to undertake a criminal records check for all staff in the practice. They had not carried out a risk assessment to determine which staff were eligible for a DBS check.

The practice occasionally used locum GPs. There was a robust system in place to ensure that necessary checks had been undertaken prior to them working at the practice, for example whether they had completed mandatory training such as in basic life support or safeguarding children.

The business manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for the different staffing groups to

ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

The practice did not have a risk log but we saw examples of risk assessments where risks were assessed, rated and mitigating actions recorded to reduce and manage the risk. We saw an example of this within the business continuity and recovery plan and the mitigating actions that had been put in place.

We saw that any risks were discussed at GP partners' meetings and within team meetings. For example, the practice manager had shared the recent findings from an infection control audit and reauthorisation of prescriptions with the team.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency concerning a patient and that the practice had learned from this appropriately.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice held stocks of medicines for the treatment of diabetic medical



## Are services safe?

conditions. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

It was the policy of the practice not to carry any emergency medicines in the doctor's bag. A GP told us the on-call GP triaged each home visit request by telephone before they visited. A printout of their summary care record together with recent blood test results were taken on a home visit. These changes to practice followed a significant event review where a medicine which may have caused harm was given incorrectly to a patient.

A business continuity and recovery plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and

mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the lighting failed. The plan was last reviewed in May 2015.

The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. However we found that the practice had not carried out the actions required to maintain the safety of patients, staff and others who used the practice. For example, ensure fire drills are carried out and additional fire door closers on fire doors in upstairs kitchen. Records showed that staff were up to date with fire training.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible by intranet link in all the clinical and consulting rooms.

We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. GPs we spoke with told us that NICE guidance was discussed at weekly team meetings. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. For example, new memory clinic and dermatology services.

Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, dementia screening and hypertension.

We saw minutes of terminal Care review meetings which were held every six weeks. Members of the multidisciplinary team were invited for example, case managers, Macmillan nurses, St Barnabas hospice.

Patients were reviewed, new patients were added to the list. The team had discussed 'do not resuscitate orders' and any issues identified for/by carers.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their

records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

### Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. We saw that the practice had good systems for handling information to ensure coding and relevant data entries were added onto the patient electronic records.

The practice had a system in place for completing clinical audit cycles. The practice showed us 20 clinical audits that had been undertaken in the last three years. Two of these were completed audits. The practice had completed an audit on drug interactions with Simvastatin. The first audit identified 54 patients at risk of serious medicine interactions, A second clinical audit was completed six months later and 40 patients were still identified at risk of serious medicine interactions. The practice had not been pro-active in the recall of the patients identified to review their medicines and make changes where appropriate.

The practice had completed an audit on a medicine prescribed for diabetes. The aim of the audit was to ensure the medicine was altered in line with blood results. Four patients had been identified. A second clinical audit was completed six months later and no patients were found to require changes to their medicines. The practice had also consulted with a consultant who specialised in diabetes and were given a protocol for future use. The practice plan to undertake a further audit in six months' time.

# Are services effective?

## (for example, treatment is effective)

We were told by the GPs that learning had been shared with all staff. We were told that audits were discussed at the weekly team meeting if a GP trainee had undertaken the audit and at the monthly team meeting. However in the meeting minutes we looked at we could find no evidence to suggest this had taken place.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 95.1% of the total QOF target in 2014, which was the same as the CCG average and 1.6% above the national average.

- Performance for diabetes related indicators was 83.6% which was 9.2% below CCG average and 6.5% below the national average.
- The percentage of patients with COPD was 100% which was 7.3% above the CCG average and 4.8% above the national average.
- The percentage of patients with hypertension was 96.2% which was 2.8% below the CCG average and 7.8% above the national average.
- Performance for mental health related QOF indicators was 91.2% which was 1.3% below the CCG and 0.7% above the national average.
- The dementia diagnosis rate was 93.8% and 4.5% above the CCG average and 0.4% above national average.

The practice was aware of all the areas where performance was not in line with national or CCG figures, for example, diabetes. We did not see any action plans which set out how the practice plan to address the performance. However the staff we spoke with told us the practice reflected on the outcomes being achieved and areas where this could be improved.

The practice's prescribing rates were similar to expected national figures. For example:-

- Average daily quantity of Hypnotics prescribed was 0.58% compared to a national average of 0.28%.
- Number of Ibuprofen and Naproxen Items prescribed was 62.6% compared to a national average of 71.25%.
- Percentage of Cephalosporin's & Quinolones prescribed was 6.36% compared to a national average of 5.57%.

There was a protocol for repeat prescribing which followed national guidance. It clearly set out the process and responsibilities of staff. For example patients who attended for asthma and diabetic reviews.

There were 37 practices in the Lincolnshire West CCG (LWCCG). Data we reviewed showed that the practice were well below the CCG average in regard to the prescribing of antibacterials and antibiotics.

We reviewed data from the CQC data pack. It draws on existing national data sources and included

indicators which covered a range of GP practice activity and patient experience, for example, the QOF and the National patient survey. The practice had a lower than national average of patients with hypertension in whom the last blood pressure reading in the preceding 9 months was 150/90 or less.

We were told and we saw the evidence that the practice had been proactive in looking at the data provided by the CQC data pack and had produced a protocol and flagging system on the patient electronic record to ensure that these patients were followed up.

There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. We spoke with a

# Are services effective?

## (for example, treatment is effective)

member of the multidisciplinary team who told the meetings worked well and enabled the team to work in a collaborative way. The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups homeless and learning disabilities. Structured annual reviews were also undertaken for people with long term conditions e.g. Diabetes, COPD, Asthma. We were shown data that 79% of patients with COPD, 68% of patients with asthma and 79% of patients with diabetes have received a medication review in the last year.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted that the nurses had additional qualifications, for example, fitting of intrauterine coils, asthma, cytology and childhood immunisations.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice had an appraisal policy in place. The business manager told us that there was a system in place for all staff to undertake annual appraisals in order to identify identified learning needs from which action plans could be documented. We saw a schedule which demonstrated that the majority of staff had their yearly appraisal booked in July 2015. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example the practice had recently sent reception staff on a five day in depth training course covering areas such as confidentiality, communication, customer service, complaints, diversity and health and safety.

As the practice was a training practice, doctors who were training to be qualified as GPs had access to a senior GP throughout the day for support. We received positive feedback from the trainees we spoke with.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles, for example, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising these communications. Out-of hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

We found that the practice had a backlog of scanning letters received by post which dated back to 27 April 2015. The practice policy was for this to be done on a daily basis. Staff we spoke with and evidence we saw demonstrated that a GP had seen the letters and actions had been taken. However there was a risk if other members of the practice team or other service providers who accessed the patient electronic records as they would not have all the relevant information on the computer screen. We spoke with the practice manager who told us they would deal with the backlog and put a system in place to monitor the post on a daily basis.

The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision

# Are services effective?

## (for example, treatment is effective)

above what is normally required under the core GP contract). We saw work undertaken by the practice to monitor and log those patients contacted through the scheme.

Data we reviewed showed that the emergency hospital admission rates for the practice were at 14.25% which was slightly higher in comparison to the national average of 13.6%.

The practice held multidisciplinary team meetings every two months to discuss patients with complex needs. For example, those with end of life care needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff we spoke with felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner with others such as health visitors and palliative care services.

Electronic systems were also in place for making referrals, and the practice made most referrals last year through the Choose and Book system. (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). Staff reported that this system was easy to use.

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

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. A GP we spoke with told us that MCA was covered in-depth with the GP trainees in the practice. For example, with making do not attempt resuscitation orders. These forms once completed were scanned and kept in the patient electronic records and a copy given to the patient.

Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. 91% of patients had care plans. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Most clinical staff we spoke with demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. In addition, the practice obtained written consent for significant minor procedures and all staff were clear about when to obtain written consent.

### Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice also offered NHS Health Checks to all its patients aged 40 to 74 years. Practice data showed that 428

# Are services effective?

(for example, treatment is effective)

had been invited to attend and 67 % of patients in this age group took up the offer of the health check. We were told the process for following up patients if they had risk factors for disease identified at the health check and how further investigations were scheduled.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help.

- 84 % of patients who suffer with dementia had received an annual medication review.
- 88% of patients who suffer with depression had received an annual medication review.
- 81% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice's performance for the cervical screening programme was 79.85%, which was below the national

average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend. If patients did not attend a reminder was sent on pink paper in line with the national 'pink pants' campaign. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The nurse who undertook the immunisations visited the practice on a weekly basis. If a child did not attend after two reminder letters were sent the health visitor was informed. Last year's performance was average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 66.36% and at risk groups 43.9%. These were below national averages.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the January 2015 national GP patient survey and a survey of 73 patients undertaken by the practice's patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The evidence from the January 2015 national GP patient survey showed the practice was rated as good.

- 82.5% of people who responded would recommend this surgery to someone new in the area compared to the CCG average of 80.3% and national average of 78%.
- 84.5% of people who responded described their overall experience as good compared to the CCG average of 87.2% and national average of 67.9%.

The practice was also well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% of people who responded said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%. 97% of people who responded said the nurse was good at listening to the compared to the CCG average of 94% and national average of 91%.
- 92% of people who responded said the GP gave them enough time compared to the CCG average of 88% and national average of 87%. 97% of people who responded said the nurse gave them enough time compared to the CCG average of 94% and national average of 91%.
- 94% of people who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%. 94% of people who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 13 completed comments cards and the majority were positive about the service experienced. They said the quality of care was

good. Staff were caring and they were treated with dignity and respect. The receptionists were helpful and welcoming. GPs and nurses were extremely caring and efficient. One negative comment was around being able to see the same GP.

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

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

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk. The practice had a system to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained where possible. Additionally, 92% of people who responded said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. The business manager told us that referring to this had helped them diffuse potentially difficult situations. Two members of reception staff confirmed that they had completed the conflict resolution training to help handle difficult patients.

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

The January 2015 national GP patient survey information we reviewed showed patients generally responded

## Are services caring?

positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 83% of people who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%. 77.2% of people who responded said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 82.2% and national average of 76.7%.
- 73.7% of people who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.4% and national average of 74.6%. 97% of people who responded said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 92% and national average of 90%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice website had the facility to change font, for patients who had sight problems and information could be translated into many different languages. The practice encouraged patients to bring a representative who could translate for them.

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

The January 2015 national GP patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 87% of people who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 96% of people who responded said the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and on the patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to advise them on the various avenues of support available to them.

The practice maintained information in regard to families who had suffered a bereavement. Families were not contacted by phone but could have a patient consultation at a flexible time and location to meet the family's needs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. For example, 15 minute appointments were commenced in May 2015 due to GPs wanting to give additional time to patients with complex needs in the practice area they covered. Minutes of meetings were evidenced where this was discussed and agreed.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We were by the management team that regular meetings were held and actions agreed to implement service improvements to better meet the needs of its population.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the virtual patient participation group (PPG). For example following the responses from the virtual PPG the practice were in the process of reviewing their appointments system.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were now available for all patients. The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

The practice provided equality and diversity training through e-learning since 2013. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 24 months.

### Access to the service

The practice was open between 8.00am & 6.00pm Monday to Friday and alternate Saturdays. There was also extended hours on a Monday evening from 6.30pm to 8.00pm and on alternate Saturday mornings from 8.30am to 10.30am, for pre-booked appointments only.

Appointments are available Monday, Wednesday, Thursday and Friday, 8.00am to 11.30am and 2.00pm to 6.00pm. Alternate Monday's appointment up to 8pm for GP, Nurse and Health care assistant. Tuesday 7.30am to 11.30am and 2pm to 6pm. Alternate Saturdays 9.30am to 11am pre-booked appointments for the GP and nurse.

The practice had recently changed the appointment slots from ten to fifteen minutes per patients in order to give each patient more time because of the complex nature of their health problems. Patients over 75 with a named GP were encouraged to see the same GP. If no appointments are available the named GP will ring them. Some appointments are released three and five days in advance but patients can currently book appointments six weeks in advance.

The practice has an Open Access Clinic between 8.30am and 10.00am each weekday morning. They offer appointments with the practice who are qualified to see patients and prescribe medication for certain conditions. They also offer a Triage Service, where a GP or Advanced Nurse Practitioner discusses a problem over the telephone and offers appropriate advice.

Home Visits were undertaken after morning surgery. They are carried out by a GP or advanced nurse practitioner. Reception staff check at the end of each afternoon to ensure all house calls have been completed.

# Are services responsive to people's needs?

## (for example, to feedback?)

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

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to local care homes by a named GP or advanced nurse practitioner and to those patients who needed one.

The January 2015 national GP patient survey information we reviewed showed mixed results to questions about access to appointments and generally rated the practice well in these areas. For example:

- 82. % of people who responded would recommend this surgery to someone new in the area compared to the CCG average of 80. % and national average of 78%.
- 72. % of people who responded were satisfied with the practice's opening hours compared to the CCG average of 76. % and national average of 76%.
- 76. % of people who responded described their experience of making an appointment as good compared to the CCG average of 74. % and national average of 74%.
- 93% of people who responded said the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 47% of people who responded said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 65%.
- 91% of people who responded said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 74%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another

doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking six weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to see a GP or advanced nurse practitioner on the same day by attending the open access clinic.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system, for example, a poster displayed and a summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received 13 complaints in the last year. We looked at three complaints in detail and found

these were satisfactorily handled and dealt with in a timely way. Lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result.

We saw evidence that one complaint had been discussed at a team meeting. Complaints were not a regular item on the practice meeting agenda.

We found that the practice had two policies which related to complaints. We spoke with the management team who told us they would look at this and ensure that staff knew which policy to refer to for guidance.

The practice had not reviewed complaints on an annual basis to detect themes and trends. In the information we received from the practice we saw that five complaints made reference to GP trainees but the practice had not identified this theme. We were told by the business manager that a complaints review would take place at the next team meeting.

## Are services responsive to people's needs? (for example, to feedback?)

The practice manager had compiled a summary of complaints over the last 12 months. No themes had been identified. There was a lack of recording of any discussions relating to complaints and any learning from them at practice meetings.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice aim to provide a high quality, safe, friendly, professional service to their patients. They focus on prevention of disease by promoting health and wellbeing and offering care and advice to our patients

We found details of the vision and practice values were part of their aims and objectives. These were clearly displayed in the waiting areas and in the staff room.

The management team told us they had plans to upgrade and extend the current building. We were told the practice is one of six in the area who are in discussions about becoming a GP federation. If successful this will enable the practices to enhance the delivery of health and care services to our local population.

We spoke with 14 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and some were available to staff on the desktop on any computer within the practice and some were in paper form held in a number of rooms within the practice.

The practice had a number of policies and procedures in place to govern activity. However these were not readily available to staff in the practice. The business manager told us they were in the process of introducing a new practice intranet system and planned to upload all the policies to this. We looked at 14 of these policies and procedures and most staff had completed a cover sheet to confirm that they had read the policy and when. All but one of the policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with 14 members of

staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with most national standards.

We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. For example in care of diabetic patients.

The practice completed clinical audits over the past three years which it used to monitor quality and systems to identify where action should be taken. For example, two were medicine related audits. However in one audit we found that the practice had not been pro-active in the recall of the patients identified to review their medicines and make changes where appropriate. We therefore could not be assured that audits were driving improvement to patient outcomes.

We found that some patients' paper medical notes in two areas of the practice were not kept secure. We had identified this area on our visit in May 2014 and the practice had made some improvements but not sufficient to fully meet the requirements of the regulations.

The practice had identified that they needed to improve their screening uptake figures across all screening services, for example, NHS Health checks.

The practice had not looked at trends and themes for incidents and complaints to identify areas where improvements could be made.

The practice identified, recorded and managed risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example, business continuity and fire. The practice had not carried out a risk assessment relating

# Are services well-led?

Requires improvement 

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

to staff undertaking chaperone duties without a DBS check. The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. However we found that the practice had not carried out the actions required to maintain the safety of patients, staff and others who used the practice. We saw evidence that the practice discussed risk at practice meetings but we did not see a risk log where risks were monitored to identify any areas that needed addressing. We looked at minutes of meetings and could not be assured that performance, quality and all risks had been discussed.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies in the staff handbook which were in place to support staff. This included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

## Leadership, openness and transparency

The partners in the practice were available in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. However not all staff were involved in discussions about how to run the practice and how to develop the practice.

We also saw evidence that the practice had reviewed its results from the national GP survey to see if there were any areas that needed addressing. The practice was actively encouraging patients to be involved in shaping the service delivered at the practice.

The practice held quarterly clinical team meetings with the practice manager and business manager. We saw evidence of three staff meetings in April and June 2015. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

The practice is part of the Primary Care Research Network (PCRN). PCRN offer patients in primary care settings unprecedented opportunities to become involved in high quality clinical studies involving innovations in prevention, diagnosis, treatment and health care delivery in the community.

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

The practice had a virtual patient participation group (vPPG) which had steadily increased in size to include 78 members. The vPPG included representatives from various population groups. The practice had carried out surveys using the vPPG and the business manager showed us the results of the last patient survey and the actions agreed. A vPPG means that a patient can take an active interest in the practice without attending meetings. They are able to exchange views, participate in surveys and the practice can consult from time to time by email.

The practice had also gathered feedback from staff through informal discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Some staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook.

## Management lead through learning and improvement

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

The practice was a GP training practice. We spoke with two GP trainees on the day of the inspection. We were told that the practice was flexible to the needs of the trainees. GPs were approachable and there was a good level of trust within the practice team.

The practice had completed reviews of significant events and other incidents but we did not see any evidence of regular sharing of complaints and SEAS with the full practice team.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Care and Treatment must be provided in a safe way for service users.**

We found that the registered person was not providing care and treatment in a safe way as they were not assessing the risks to the health and safety of service users of receiving the care and treatment.

The registered person did not do all that was reasonably practicable to mitigate any such risks when identified.

This was in breach of Regulation 12 (1), (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**We found that the registered person had not established systems or processes to ensure compliance with the requirements.**

The registered person did not have systems to enable them to assess, monitor and improve the quality of services provided.

The registered person did not have systems to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The registered person did not have systems to enable them to maintain securely an accurate, complete and contemporaneous record in respect of each service user.

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 17 (1), (2) (a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.