

Trent Valley Surgery

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trent Valley Surgery on 6 December 2016. Overall the practice is rated as good. The purpose of this inspection was to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings at our inspection in June 2015. At a further inspection in March 2016, some improvements were found, following which the practice was rated as requires improvement overall but remained in special measures.

Following the most recent inspection we found that overall the practice was now rated as good and significant improvements had been made and specifically, the ratings for providing a safe service had improved from inadequate to good. The rating for providing a caring service had improved from good to outstanding.

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

- The practice had made further significant improvements since our last inspection and the new staffing structure was working effectively.
- The most recent results from the national GP patient survey published in July 2016 ranked the practice seventh in England.
- Feedback we received from patients reflected positively about the staff and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The new system which had been introduced at our previous inspection was now embedded and we saw that learning was disseminated and identified actions were implemented.
- The practice had a number of policies and procedures to govern activity, all of which had been reviewed.

Summary of findings

- The practice had sought feedback from patients and the recently formed patient participation group was developing.
- Risks to patients were assessed and well managed (with the exception of legionella).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients expressed high satisfaction with the appointment system and 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.

- The leadership structure had strengthened further and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- To ensure that daily resets of vaccination fridges are recorded.
- To review arrangements for mitigating the risk of legionella.
- To formalise supervision arrangements relating to the nurse prescriber.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a comprehensive and effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients who used services were assessed and well managed with the exception of legionella.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a comprehensive and extensive programme of clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence of appraisals for staff with identified development plans.

Good



Are services caring?

The practice is rated as outstanding for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. In the most recent results the practice had been ranked seventh in England. For example:

- 99% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 100% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 100% said the last nurse they saw or spoke to give them enough time compared to the CCG average of 95% and national average of 92%.

Outstanding



Summary of findings

- 100% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Feedback from patients about their care and treatment was consistently positive and we observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, a member of staff regularly helped two vulnerable patients with understanding their correspondence and contacted a local housing charity on their behalf to make sure their needs were being met.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible. The practice offered information in different formats in line with the Accessible Information Standard.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England and the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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 the practice responded quickly to issues raised.

Good



Are services well-led?

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

- Since our inspection in March 2016 we found that the new management structure was now embedded and working effectively.

Good



Summary of findings

- The practice had a vision to deliver high quality care and promote good outcomes for patients. All staff were clear and committed about their responsibilities in relation to this.
- The practice had a number of policies and procedures to govern activity which had all been reviewed.
- The practice sought feedback from patients and the newly formed patient participation group (PPG) was developing.
- A schedule of regular staff meetings had been implemented with comprehensive minutes available.

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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with or above local or national averages.
- The practice had a high percentage of older patients, notably aged between 65 and 75. The practice had looked at the needs of this patient group to look at further options to improve services for them.

People with long term conditions

Good



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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for atrial fibrillation and chronic obstructive pulmonary disease indicators was better than the CCG and national average with the practice achieving 100 % of points in these areas. However performance for diabetes related indicators was lower than the CCG and national average with the practice achieving 86% of points in this area.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. 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.
- The practice's uptake for the cervical screening programme in 2015-2016 was 82%. This was an improvement on the previous year and above the national average.
- Appointments were available outside of school hours.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. They had trialled extended opening hours but the uptake had been limited.
- 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.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed 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

Summary of findings

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)

Outstanding



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

- Members of staff had undertaken 'Dementia Friends' training to enable them to better understand and support 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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016. The results showed the practice was performing far above local and national averages. 215 survey forms were distributed and 123 were returned. This represented a 57% return rate by 3.1% of the practice's patient list. These results ranked the practice seventh in England.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 76%).
- 100% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 100% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 84%, national average 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We also spoke with members of the patient participation group on the day of our inspection. We received 75 comment cards which were all positive about the standard of care received. Five of the comments also included a negative view on an aspect of the service but there were no common themes. Patients told us that they received an excellent service, that staff were friendly and professional and would always go the extra mile.

Areas for improvement

Action the service SHOULD take to improve

- To ensure that daily resets of vaccination fridges are recorded.
- To review arrangements for mitigating the risk of legionella.
- To formalise supervision arrangements relating to the nurse prescriber.

Trent Valley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a member of the CQC medicines team.

Background to Trent Valley Surgery

Trent Valley Surgery provides primary medical services to approximately 4,300 patients from two sites, the primary site being at 85 Sykes Lane, Saxilby and a branch site at Main Street, Torksey. Both locations were visited during the course of our inspection. Both locations have a dispensary which dispense to approximately 60% of eligible patients.

The practice serves a rural community and the Sykes Lane location shares the premises with another practice, The Glebe Practice.

The service is provided by a male lead GP and two salaried GPs, one male and one female, who between them provide a total of 19 sessions per week. There was also a nurse practitioner, a practice nurse and a healthcare assistant, a dispensary manager and a dispensary team. They were supported by a practice manager, an assistant practice manager, reception and administrative staff.

The practice has a high percentage of older patients, notably aged between 65 and 75 and a lower percentage of patients under the age of 18 when compared nationally.

The practice is located in an area of low deprivation. The practice has a high percentage of patients with long term health conditions and with caring responsibilities when compared nationally.

The practice holds a General Medical Services (GMS) contract for the delivery of general medical services.

The service is commissioned by Lincolnshire West Clinical Commissioning Group.

The Sykes Lane surgery is open between 8am and 6.30pm Monday to Friday and the Torksey surgery from 10.30am to 2.30pm. GP consultations are available from 8.30 am to 6pm. Appointments with nurses and phlebotomists were available from 8.10am.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. Out- of- Hours services are provided through Lincolnshire Out-of-Hours Service which is provided by Lincolnshire Community Health Services NHS Trust. Patients access the service via NHS 111.

Why we carried out this inspection

In June 2015 we had 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. That inspection was planned to check whether the provider was 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. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe and well led service was inadequate. As a result the practice was placed in to special measures for a period of six months from 1

Detailed findings

October 2015. We carried out a further comprehensive inspection in March 2016 to evaluate whether sufficient improvement had been made in order for the practice to be taken out of special measures. We found it had not and the practice remained in special measures specifically with a rating of inadequate for providing a safe service. This inspection was undertaken to ensure the required improvements had now been achieved.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 December 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being interacted with and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in June 2015 we found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety. For example, processes to learn from significant events or complaints, neither was there a system in place for the dissemination of safety alerts. At our further inspection in March 2016 we found there was a new system in place for reporting and recording significant events, including a detailed policy and guidance for staff. At the time of that inspection the new system had not had time to be fully embedded. Although there was evidence of some learning from incidents we found that minutes of meetings needed to be clearer in order to identify which events had been discussed and records needed to evidence that required actions had been implemented.

At our most recent inspection we found the new system was now embedded and operated effectively. We saw that significant events were logged, numbered and categorised and we found they were investigated and then discussed at the relevant practice meeting. The changes and lessons learnt were discussed, documented and implemented and events were regularly reviewed to ensure that any implemented actions were effective. Three members of staff had completed datix incident reporting training to improve the quality of the process.

We saw a positive culture in the practice for reporting and learning from medicines incidents, errors and near misses. All occurrences were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. In addition, where errors could be identified as originating external to the practice these were shared with the appropriate agency to inform their learning also. The dispensary lead GP met monthly with the dispensary team to review errors and incidents to ensure learning was shared within the practice.

In March 2016 we found there was an updated 'Safety Alerts Protocol' and although patient records evidenced that MHRA alerts had been actioned, the practice manager had identified that the system still needed further work to ensure the safety alerts log was fully completed to record the actions taken as a result of alerts received by the practice.

At this inspection we found there was now an effective system in place to deal with safety alerts, including any medicines alerts or recalls, and clear records were kept of any actions taken.

Overview of safety systems and processes

The practice had a number of clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- We found that the safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware who this was. The GPs attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- At our inspection in March 2016 we spoke with the health visitor who told us they were going to contact the practice manager in order to ensure the register for children who were the subject of safeguarding concerns was up to date. At this inspection we found that the practice manager had held meetings with the health visitor in order to address this. They had also attended practice safeguarding meetings and the register for children who were at risk was now up to date and regularly discussed. Patients who were the subject of safeguarding concerns were identified on their patient record.
- A notice in the waiting room and clinical rooms we looked at advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received an initial Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Since the last inspection the practice had undertaken a risk assessment in regard to renewing DBS checks of staff and had documented that it was low risk so no further checks had been carried out.
- At our inspections in June 2015 and March 2016 we found that the practice did not have effective systems to ensure patients and staff were protected from the risk of infection. However at our most recent inspection we

Are services safe?

found that the practice had implemented new processes and now had effective systems in place to ensure patients and staff were protected from the risk of infection. A practice nurse was the infection control clinical lead and had recently liaised with the local infection prevention teams to keep up to date with best practice.

- We observed the main surgery premises and the branch surgery to be clean and tidy. The practice employed an external cleaning company. Cleaning schedules for the premises were visible in each room. We found the practice had formal records of monthly spot checks that had taken place at the main surgery but the practice had not commenced the spot checks at the branch surgery.
- An infection control audit had been undertaken for both the main surgery and the branch surgery on 27 July 2016. Actions had been identified and there was evidence that some of the actions had been completed to address areas for improvement. The cleaning company employed by the practice had also carried out site assessments in relation to the cleanliness of the practice. Both the main surgery and the branch surgery had received scores of over 95%. If actions had been identified the cleaning company had put an action plan in place.
- An infection control policy and supporting procedures were available for staff to refer to. This covered areas including the control of substances hazardous to health (COSHH), management of needle stick injuries and waste management.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, in order to keep patients safe, including in the dispensaries at both the main and branch surgery. At our inspection in March 2016 we had found that some existing standard operating procedures (SOPs) lacked detail and did not reflect processes. SOPs are written instructions about how to safely dispense medicines. Also at that inspection we found the system for monitoring blank prescriptions was not effective and refrigerator temperatures were not being reset on a daily basis. At this inspection we saw that most of these areas had been addressed. We found that:
 - Dispensary staff used standard operating procedures which covered all aspects of the dispensing process. We

saw evidence of review of these procedures in response to significant events or changes to guidance in addition to annual review. These were specific to the practice and all staff working in the dispensary had read and signed them. There was a named GP responsible for the dispensary who was a visible support for the dispensary team.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified or were fully supervised in apprenticeship roles, and their competence was checked regularly. The dispensary manager was currently consulting on a revised competency assessment process which went beyond the requirements of the DSQS assessments and would fully engage staff in demonstrating knowledge, as well as practical ability, within the dispensary.
- The dispensaries at both sites were kept secure and accessed only by authorised staff.

A bar code scanner was in use to check the dispensing process and dispensary staff described the process for ensuring second checks if the scanner had to be over-ridden. Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients.
- The dispensary staff were able to offer blister packs for patients who needed this type of support to take their medicines and we saw that the process for packing and checking these was robust. Recent changes to the process for producing these had been implemented in response to a review of errors. Staff knew how to identify medicines that were not suitable for these packs to ensure medicine stability was maintained.
- Blank prescription forms and pads were securely stored at both sites and there were systems in place to monitor their use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs

Are services safe?

were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

- The practice had a policy and procedure for maintaining the vaccine cold chain which provided staff with sufficient guidance on what action to take in the event of a break in the cold chain. Records showed refrigerator temperature checks were carried out at each site. These ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a refrigerator failure. However the records for the refrigerators in the treatment rooms did not reflect that the temperatures were being reset on a daily basis. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They told us they did not receive mentorship or support but the GPs were available for advice if required.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

At our inspection in March 2016 we found that the practice had not carried out the necessary risk assessments in order to identify risks and mitigate them. However at our most recent inspection

we now found that on the whole, risks to patients were assessed and well managed.

- The practice had identified, recorded and managed risks. It had carried out all the necessary risk assessments in order to identify risks and mitigate them.
- The practice had a health and safety risk assessment carried out by an external company on 28 June 2016.

- General risk assessments had been completed for a range of areas such as access to the building, slips trips and fall, infection control, disclosure and barring service updates, display screen equipment and driving at work.
- The practice had a fire risk assessment dated 13 July 2016 which identified a number of recommendations to be completed. The identified actions had been completed. For example, maintenance of records for checks carried out in relation to fire safety. We checked the records for both the main practice and the branch surgery and saw that regular alarm testing and emergency lighting checks were carried out and the practice had recently had a fire evacuation drill. Three staff had been trained as fire wardens.
- On the day of the inspection we checked electrical equipment to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A legionella risk assessment had been carried out in 20 January 2016 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment but not all had been implemented at the time of our inspection. We saw that monthly water temperatures checks had taken place since May 2016 which had identified that the hot water was regularly not reaching the minimum required temperature. In order to mitigate the risk, the practice had sent samples of water to an external company for legionella testing on a quarterly basis. We spoke with the practice manager who told us that regarding the main surgery, the property was about to change ownership and they intended to speak to the new landlord regarding a new boiler. Following our inspection they confirmed that a new boiler would be installed by the new landlord. Regarding the branch surgery, we were told that adjustments had been made to the boiler which had rectified the problem. The practice were monitoring the water temperatures to confirm that this had been effective.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty at all times.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
 - All staff received annual basic life support training and there were emergency medicines available in the treatment room.
 - The practice had a policy for equipment checking and maintenance policy which identified that the emergency equipment and medicines would be checked monthly. The monitoring we reviewed had been completed monthly.
- The practice had a defibrillator available in both the main and branch surgeries and oxygen with adult and child masks. At our inspection in March 2016 child masks had not been available at either site.
 - First aid kits and accident books were available at both sites.
 - Staff had received training and we saw information on what to do in a patient collapsed whilst in the waiting room and how to deal with patients who had the symptoms of a heart attack.
 - Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
 - The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We spoke with staff who told us that NICE guidance was discussed regularly at clinical meetings and this was reflected in the detailed meeting minutes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015-16 showed the practice had achieved 96.8% of the total number of points available, which was 3.2% above the CCG Average and 1.4% above the national average. This was an improvement on the previous year. Data reflected there was 7.9% exception reporting by the practice. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015-2016 showed;

- Performance for diabetes related indicators was worse than the CCG and national average with the practice achieving 86% of points in this area which was 6% less than the CCG average and 4% less than the national average.
- Performance for atrial fibrillation related indicators was better than the CCG and national averages. For example, the percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the risk stratification scoring system in the preceding 12 months was 97.8%. This was 0.2% higher than the CCG average and 1% higher than the national average. There was 3.6% exception reporting which was 1% above the CCG average and 0.9% above the national average.

- The percentage of patients with hypertension having regular blood pressure tests was 88.1% which was 1.5% higher than the CCG average and 2.7% higher than the national average. There was an exception reporting rate of 2.8% which was 0.4% below the CCG average and 1.1% below the national average.
- The practice achieved 90% of points for mental health related indicators which was 2.4% below the CCG average and 3% below the national average. It was also a decrease on the achievement in the previous year.

Some indicators for conditions such as diabetes and heart failure had higher than average exception reporting. We looked at a sample of patient records in these groups and found they had been exception reported appropriately. The practice had higher than the national average prevalence for these conditions.

Clinical audits demonstrated quality improvement.

We found that sixteen audits had been undertaken since our last inspection in March 2016. We looked at two of these which were completed audits where the improvements made were implemented and monitored. For example one audit related to patients with Chronic Kidney Disease This was carried out in response to a NICE guideline on diabetes management. Following the first cycle of the audit four patients were reviewed and medication amended. Following the second cycle, one patient was identified as requiring review. They reran this audit during our inspection and no patients were identified which demonstrated that the audit had been effective and had resulted in an improvement in the quality of prescribing and care.

The practice participated in local audits, benchmarking and peer review. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training and relevant updates. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.

At our inspection in March 2016 we found that dispensary staff had not had their competency checked since 2013. The new dispensary manager had addressed this and carried out documented checks for all dispensers.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, appraisals, mentoring, and facilitation and support for revalidating GPs. All staff had now received a structured appraisal whereby training needs had been identified. Since our last inspection we found that the practice now closed one afternoon a month to facilitate staff training and staff we spoke with told us this was a valuable exercise.
- Staff received training that included: safeguarding, fire safety, basic life support and infection control. Staff had access to and were able make use of e-learning training modules as well as in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- At our inspection in March 2016 we found that although the practice shared relevant information with other services in a timely way, it was not clear how information relating to end of life patients was communicated with the out-of-hours provider as there was no template in use. At this inspection we found that the practice had implemented the Electronic Palliative Care Co-ordination System (EPACCS). This recognised template enabled the recording and sharing of people's care preferences and key details about their care at the end of life.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis relating to palliative care patients and saw that care plans and records had been reviewed and updated either at the time of or very soon after the meeting either by the GP or the palliative care co-ordinator. The meetings were attended by the GPs, hospice nurses, palliative care co-ordinator and district nurses.

Consent to care and treatment

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

- There was a Mental Capacity Act Policy available which had been reviewed in February 2016. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and had received relevant training. Eight members of staff had also undertaken 'Dementia Friends' training to enable them to better support patients with dementia.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme in 2015-2016 was 82%, which was higher than both the CCG average and national average. There was a policy to send a reminder letter to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages and there was an improvement on the previous year. We looked at the practice performance for the period April to October 2016 and saw that the practice had already achieved 100% in four out of eight of the vaccinations types. We also saw that action had been taken to follow up children that had not yet attended and either letters had been sent or a further appointment made. We saw that detailed records were

kept and the practice nurse continued to follow-up any children who did not attend. Discussions were also held with the health visitor to ensure all non-attenders were followed up.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were welcoming, attentive and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms in the main surgery to maintain patients' privacy and dignity during examinations, investigations and treatments. At our inspection in March 2016 we found there were no curtains provided but we now found that a privacy screen was available to maintain patient privacy and dignity.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 75 patient Care Quality Commission comment cards we received contained positive feedback about the service experienced. Five of them also contained a negative point but with no common themes. Patients said they felt the practice offered an excellent service and described the welcoming atmosphere provided in the practice, they told us staff were friendly, efficient, helpful and caring, and treated them with dignity and respect. A number of patients commented on how they appreciated being treated as individuals with staff knowing them by name and asking after other family members as a matter of course. Others said that staff would always go the extra mile to help.

Patient feedback received by Healthwatch was also positive and staff were described as brilliant and supportive.

We spoke with two members of the patient participation group. They also told us they were very pleased with the care provided by the practice and said staff went out of their way to help and their dignity and privacy was respected.

During our inspection we were given positive examples which demonstrated how patient's choices and preferences were valued and acted on. One example was of a patient with multiple sclerosis who wanted to regain

some independence. The lead GP was successful in their application for a grant through a local charity for private physiotherapy with a view to help the patient increase their independence. The patient then kept in weekly contact with a member of staff to talk about their progress. The patient moved out of the area but asked if they could still maintain the weekly contact. The staff member agreed to this as they felt it was important to their progress.

Another member of staff regularly helped two vulnerable patients who were unable to read, with understanding bills and correspondence and contacted a local housing charity on their behalf to make sure their needs were being met.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with GPs and nurses. The practice had been ranked seventh in England based on the results of seven key indicators from the GP patient survey. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 99% said the GP gave them enough time (CCG average 90%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 100% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 94% and national average of 91%.
- 100% said the last nurse they saw or spoke to give them enough time compared to the CCG average of 95% and national average of 92%.
- 100% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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



Are services caring?

also positive and aligned with these views. For example, patients commented that symptoms were always fully explained and they found it easy to discuss any problems and staff showed real concern.

Results from the national GP patient survey published in July 2016 showed patients responded extremely positively to questions about their involvement in planning and making decisions about their care and treatment. Results exceeded local and national averages. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 100% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 98% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

There was a hearing loop available in the reception area to support patients with a hearing impairment. Staff told us that translation services were available for patients who did not have English as a first language. The practice also displayed a poster in the waiting room asking patients to make the practice aware of any communication preferences, for example, if a patient had a sight impairment they could request information in large print.

We saw there was a more detailed leaflet given to patients offering support with information and communication needs. This was in line with the Accessible Information Standard which NHS care providers are legally required to follow. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. The practice had identified 2.1% of the practice list as carers. The practice had produced their own carers information leaflet summarising details of support organisations and tips for carers.

The practice manager told us they had started to forge links with agencies such as Age UK and they were working with them to set up a local carers group. They had also taken steps to look at the practice working towards accreditation for the Lincolnshire Carers Quality Award.

Staff told us that if families had suffered bereavement, the practice sent a condolence card. The GP also phoned them to offer support. This call was either followed by a patient consultation if required and the family were also given a bereavement information pack. We saw that there was information in the waiting room relating to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had reviewed patients' needs and as a result had introduced 15 minute appointments at the branch surgery as a large proportion of patients who used the branch surgery had multiple long term conditions and required longer appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.

Telephone consultations were available on a daily basis.

- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The main surgery at Saxilby was open between 8am and 6.30pm Monday to Friday and the branch surgery at Torksey from 10.30am to 2.30pm. Appointments with nurses and phlebotomists were available from 8.10am. At the main surgery GP appointments were available from 8.30am to 11.30am and 3.00pm to 5.50pm. At the branch surgery they were available from 11.30am to 12.50pm each day. There was a female GP available each day. Telephone consultations were available at the end of each morning surgery. Extended surgery hours were not available having been trialled in the past but with minimal demand.

In addition to pre-bookable appointments that could be booked up to a month in advance for GPs and two months in advance for nurse appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was extremely high in comparison to local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 79%.
- 98% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 67% patients said they always or almost always see or speak to the GP they prefer (CCG average 37%, national average 35%).

Patient's feedback reflected that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.
- The practice manager was the person designated responsible for handling all complaints made to the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the reception area and a patient complaint procedure leaflets were available. There was also information available about advocacy support to make a complaint.
- There had been no written complaints but we looked at the seven verbal complaints that had been received in the last 12 months and found that these had been dealt with in an open and transparent way and responded to appropriately. There was a summary log of complaints which recorded the outcomes and learning and identified any themes of complaints received. We saw that complaints were discussed at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a new mission statement which reflected a patient centred culture which focused on links with other health and care providers to give a co-ordinated service which met individual patient needs.
- It was apparent from talking to staff, feedback from patients and examples we saw that staff were committed to this vision and were already providing a service based on putting patients first.
- Since our inspection in March 2016 we found that further significant improvements had been made including in the areas of dealing with significant events, dispensary processes, infection control and assessment of risks.

Governance arrangements

We found that since our inspection in March 2016 the governance framework had been improved and it now fully supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented, updated and available to all staff.
- Clinical and nurse protocols were in place and had been reviewed.
- The practice had effective systems in place for infection prevention and control.
- Emergency equipment and medicines were checked and maintained as per the practice policy.
- A comprehensive understanding of the performance of the practice was maintained
- There was a comprehensive and extensive programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

- There were effective systems in place for identifying, recording and managing risks, issues and implementing mitigating actions (with the exception of legionella).

Leadership and culture

Two weeks prior to our inspection in March 2016, a new permanent practice manager and dispensary manager had been appointed, following a series of staffing changes. At this inspection we found that an assistant practice manager had also been appointed and staff spoke positively about the new management structure and it was apparent that this had created a stable environment and a clear leadership structure.

The lead GP had demonstrated that they had experience, commitment, capacity and capability to run the practice and ensure high quality care in the changes they had implemented. They prioritised safe, high quality and compassionate care and was visible in the practice and staff told us they were approachable and took the time to listen to members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

We reviewed minutes of a range of regular meetings which included clinical meetings, staff meetings, dispensary meetings and multi-disciplinary meetings. There were clear agendas and the comprehensive minutes clearly showed what had been discussed and who was responsible for any required actions.

Staff told us the culture within the practice was very open and felt that everyone created a supportive team. They told us they felt confident to raise any issues and felt supported if they did so. Staff also told us they felt respected and valued.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- At our previous inspection we found there was a newly formed patient participation group (PPG) in place. They had developed further since then and held quarterly meetings. They had explored different ways of gathering feedback from patients and were working with the

Are services well-led?

Good 

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

practice to improve services. For example they were going to be involved with the development of a carers group. Feedback was also gained through surveys and complaints received. The practice had carried out a patient survey in October 2016 asking for patients' opinions on the content of notice boards in the waiting rooms and the possibility of displaying artwork in the waiting rooms. As a result the practice were looking at different ways of making information available, had provided a clock at the branch surgery and were now displaying artwork.

- The practice had also undertaken a survey of community nursing staff to ask about their experiences when dealing with the practice. The responses to the survey were all positive about helpfulness of all staff.
- Feedback from the NHS Friends and Family Test from April to November 2016 reflected that 98% of patients were either likely or extremely likely to recommend the practice to friends and family.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the new management team. Staff told us they felt committed and engaged to improve how the practice was run. There was a notice board in the reception area where staff could add items they wanted to discuss at the next meeting on an on-going basis.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked with the neighbouring practice to deliver shared clinical education sessions and was part of local schemes to improve outcomes for patients in the area. They also hoped to work with the neighbouring practice to set up a local carers group. The lead GP was qualified as a GP trainer although the practice was not yet a training practice.