

The Sheepmarket Surgery

Quality Report

Ryhall Road

Stamford

Lincs

PE9 1YA

Tel: 01780 437017

Website: <http://www.sheepmarketsurgery.co.uk>

Date of inspection visit: 2 February 2015

Date of publication: 08/05/2015

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 | 12 |
| Background to The Sheepmarket Surgery | 12 |
| Why we carried out this inspection | 12 |
| How we carried out this inspection | 12 |
| Detailed findings | 14 |
| Action we have told the provider to take | 29 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Sheepmarket Surgery on 2 February 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 not a clear system for reporting incidents within the GP practice. However we did see evidence that the dispensary had significant events as an agenda item. Actions had been identified, who was

responsible to carry out the actions and a date by which they had to be completed by. Evidence of learning and communication to staff across the whole practice was limited.

- The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice.
- We saw that the premises were clean and tidy.
- Data showed patient outcomes were average for the locality.
- 96% of patients who completed the July 2014 national GP patient survey described the overall experience as good and 93% would recommend the surgery to others.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some were overdue for review.

The areas where the provider must make improvements are:

- Identify, assess and manage risks relating to the health, welfare and safety of patients, staff and other people who may be at risk within the practice. For example, risk assessments for, legionella, general office environment, control of substances hazardous to health (COSHH) and infection prevention and control.
- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Have a system in place to ensure that all staff receive and act accordingly on National Patient Safety Alerts and Medical Healthcare Product alerts.
- Have a system in place to demonstrate that appropriate checks, such as registration with the General Medical Council had been carried out prior to employing a locum GP.
- Ensure that legionella risk assessments and checks are carried out.
- Ensure all staff have appropriate policies, procedures and guidance, which are robust, reviewed and updated to enable them to carry out their role, for example, nursing protocols, Legionella, COSHH, sharps and inspection, calibration and replacement of equipment.
- Have a robust system in place to track prescription pads.
- Have a system in place to check that incoming post has been processed and that no member of staff has a backlog.

In addition the provider should:

- Have a system in place to check that the clinical audit programme is completed and maintain evidence to demonstrate the improvements to the quality of patient outcomes.
- Take action to ensure that the compound containing clinical waste is locked at all times.
- Ensure staff have infection control training relevant to their role, for example, in the use of spillage kits.
- Record dates of fire drills. Develop an action plan of agreed actions following a fire safety drill.
- Put a cold chain policy in place to ensure that medicines are kept at the required temperatures, and describe the action to take in the event of a potential failure.
- Have a system in place to check the contents of the emergency box used for home visits on a weekly basis.
- Distribute new National Institute for Health and Care Excellence guidelines to all staff.
- Amend Standard Operating Procedures to indicate the level of competency expected for each function performed by dispensers.

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 not thorough enough and lessons learned were not communicated widely enough to support improvement.

The practice had limited risk assessments for patients who used services.

There were no systems and processes to address the risks or actions put in place to ensure patients were kept safe. For example, generic risk assessments such as manual handling, slips, trips and falls, lone working. The practice did not have a system in place to ensure that all staff received and acted accordingly on NPSA/MHRA alerts.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were average for the locality. Staff told us they referred to guidance from NICE and used it routinely.

People's 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.

The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams. There were limited completed audits of patient outcomes.

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.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information to help patients understand the services available was easy to understand.

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 Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

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. However, there was no evidence that learning from complaints had been shared with staff.

Good



Are services well-led?

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

It had a vision and a strategy and 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.

The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

There were limited systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from patients and had an active patient participation group (PPG).

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 safe and well-led. The provider was rated as good for effective, caring and responsive overall and this includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group

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 dementia and 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.

The practice was accessible for all patients and had designated parking for people with reduced mobility. 20.58% of the practices patients are over 65.

All patients over 75 had a named GP.

The practice had patients residing in five care homes in the area and all had a lead GP who visited regularly to maintain continuity of care.

The practice follow up by a phone call to advise the patients about any changes to their medicines.

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 safe and well-led. The provider was rated as good for effective, caring and responsive overall and this includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly.

Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

During the winter the practice had carried out annual flu clinics. It created the opportunity to educate patients on health issues, for example, smoking. Each patient who had a flu jab was screened for atrial fibrillation (AF). AF is a problem with the rate or rhythm of the heart. Any problems identified at this clinic were followed up and referred to secondary care where appropriate.

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 for safe and well-led. The provider was rated as good for effective, caring and responsive overall and this includes this population group. 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.

Standard Childhood Immunisation rates for under 2's was 96.3%. Pre-school immunisations 93.6%. Both figures were above the 90% target.

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.

Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

Requires improvement



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).

Requires improvement



Summary of findings

The provider was rated as requires improvement for safe and well-led. The provider was rated as good for effective, caring and responsive overall and this includes this population group. 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. 59.9% of patients registered with the practice were of working age.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

There was a range of information available to working age patients or those who had recently retired, in the practice and on the practice website.

The website provided information about self-management of minor illness for working age patients to avoid them attending the practice if this were not needed.

People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safe and well-led. The provider was rated as good for effective, caring and responsive overall and this includes this population group. 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 including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability.

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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

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

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. 93 % of people experiencing poor mental health had an agreed care plan.

The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Most staff had received training on how to care for people with mental health needs.

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. It offers information and advice to people with mental health problems.

Summary of findings

What people who use the service say

Prior to the inspection we spoke to three care homes who told us the practice provided a good service. Appointments and home visits were available on the day. A lead GP was allocated to provide continuity of care. Staff told us the GP's who visited the care homes were excellent, had a good rapport with the residents and medicines were reviewed on a regular basis.

During the inspection we spoke with seven patients who had attended the surgery for a consultation with a GP or nurse. Patients said that the practice was clean, bright and welcoming. The staff practiced good hygiene techniques and provided a prompt and caring service. They were efficient and compassionate and listened to patient's needs.

We reviewed 61 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. Most of the comment cards reviewed were extremely positive. 58 described exceptional care given by staff who were kind, caring and considerate. They told us the care and treatment they received was excellent. Patients felt fully informed about their treatment options. Confidentiality and dignity was respected.

There was less positive with the dispensary being the main issue. We spoke with the management team who told us that they would look into the issues raised and ensure actions were taken.

Areas for improvement

Action the service **MUST** take to improve

- Identify, assess and manage risks relating to the health, welfare and safety of patients, staff and other people who may be at risk within the practice. For example, risk assessments for, legionella, general office environment, control of substances hazardous to health (COSHH) and infection prevention and control.
- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Have a system in place to ensure that all staff receive and act accordingly on National Patient Safety Alerts and Medical Healthcare Product alerts.
- Have a system in place to demonstrate that appropriate checks, such as registration with the General Medical Council had been carried out prior to employing a locum GP.
- Ensure that legionella risk assessments and checks are carried out.
- Ensure all staff have appropriate policies, procedures and guidance, which are robust, reviewed and updated to enable them to carry out their role, for example, nursing protocols, Legionella, COSHH, sharps and inspection, calibration and replacement of equipment.

- Have a robust system in place to track prescription pads.
- Have a system in place to check that incoming post has been processed and that no member of staff has a backlog.

Action the service **SHOULD** take to improve

- Have a system in place to check that the clinical audit programme is completed and maintain evidence to demonstrate the improvements to the quality of patient outcomes.
- Have a system in place for monitoring training of all staff within the practice.
- Take action to ensure that the compound containing clinical waste is locked at all times.
- Ensure staff have infection control training relevant to their role, for example, in the use of spillage kits.
- Record dates of fire drills. Develop an action plan of agreed actions following a fire safety drill.
- Put a cold chain policy in place to ensure that medicines are kept at the required temperatures, and describe the action to take in the event of a potential failure.
- Have a system in place to check the contents of the emergency box used for home visits on a weekly basis.

Summary of findings

- Distribute new National Institute for Health and Care Excellence guidelines to all staff.
- Amend Standard Operating Procedures to indicate the level of competency expected for each function performed by dispensers.

The Sheepmarket 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, a second CQC Inspector and a GP practice manager.

Background to The Sheepmarket Surgery

The Sheepmarket Surgery provides primary medical services to approximately 14,000 patients.

The Sheepmarket Surgery is purpose built with consultation rooms on the ground floor. Administration and meeting rooms were on the upper floor. The practice offered a full range of primary medical services and was able to provide dispensary services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

At the time of our inspection the practice employed eight GP partners and one salaried GP. Six GP's were full time (four male and two female) and three part-time (female). The surgery also employed a practice manager, assistant to the practice manager, finance manager, eight receptionists, four dispensers, three practice nurses, one health care assistant and five administration staff.

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

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG

is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

South Lincolnshire Clinical Commissioning Group (CCG) comprises of 15 member GP practices. The CCG is split into two localities, Welland and South Holland. The CCG commission services for the populations of Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving the population are Peterborough and Stamford Hospitals, Johnson Hospital, Spalding, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston.

South Lincolnshire has a much higher proportion of older people than the England average, and a lower proportion of young people. The prevalence of diabetes, coronary heart disease, stroke and cancer is higher in South Lincolnshire than for England as a whole.

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

The Sheepmarket Surgery, Ryhall Road, Stamford, Lincs. PE9 1YA

The practice was open from 8.30am until 6.30pm Monday to Friday. Pre-bookable appointment times were available from 8.30 to 11am and urgent appointments from 11.30 to 12.30. Further pre-bookable appointments were available from 3 pm to 6pm. Appointments with the practice nurses were available 8.30am until 12.30 and 2pm until 6pm. The practice had extended hours on a Tuesday and Thursday from 6.30 to 8pm and Saturday 8am until 11.15am. These were covered by the GP partners on rotation and were pre-bookable specifically for patients who were unable to attend the surgery during working hours. The practice also offered telephone consultations with the GP and practice nurses.

Detailed findings

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated in many different languages. This enabled non-English speaking patients to read the information provided by the practice.

The Sheepmarket Surgery had opted out of providing out-of-hours services (OOH) to their own patients. The OOH 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.

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 South Lincolnshire Clinical Commissioning Group (CCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 2 February 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 61 completed comment cards. 58 were positive and described very good care given by staff who were caring, understanding and responsive.

There was less positive with issues with prescriptions being the common theme. We spoke with the management team who told us they would look into the concerns raised.

We spoke with six GP's, a GP registrar, practice manager, assistant to the practice manager, five nurses, three dispensers, a health care assistant, seven reception and administration staff.

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 used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

We reviewed safety records and incident reports and minutes of meetings where these were discussed.

Learning and improvement from safety incidents

The practice did not have a clear or robust system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. Staff used incident forms on the practice intranet and sent completed forms to the practice manager. She showed us the system she used to manage and monitor incidents.

The incidents we reviewed were not recorded in detail and did not identify if the investigation had been completed. For example, one reported event related to vaccines contained within a fridge. The record of the event implied that the fridge had reached a high temperature but no alarm had been activated. However, the actions did not include if the fridge had been reset or adherence to practice policies and procedures. There was limited evidence that the practice had learned from these and that the findings were shared with relevant staff.

Significant events were a standing item on the practice business meeting agenda. Information we received after the inspection identified that the practice would hold a quarterly educational meeting dedicated to significant events. 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.

The practice did not have a robust system in place to disseminate national patient safety alerts or Medicines and Healthcare products Regulatory Agency (MHRA) alerts to all practice staff. MHRA alerts are sent when there are concerns over the quality of a medication or equipment. The safety alert protocol which had been reviewed in September 2014 did not give clear guidance. We spoke with the practice

manager who told us that she had a new process in which she sent out the alerts to a set number of staff and discussed the alerts with the GP partners. She documented any that required and received action on a spread sheet. None had been received that required any action since April 2014. However dispensing staff we spoke with told us that they get medicine alerts and they check to see if batch on shelf and remove it. They also check the computerised patient records to see if any patients are on the medicine, the patient is contacted and an appointment made to see the GP.

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. 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.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role (e.g. level 3). All staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.

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.

The practice had a chaperone policy in place. A formal chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure and is a witness to continuing consent to the procedure. Family members or friend may be present but they cannot act as a formal chaperone. There were posters visible in the waiting room, consulting and treatment rooms, advising patients of the availability of chaperones. Staff told us that chaperone duties were carried out by the healthcare assistant (HCA) or

Are services safe?

one of the nursing team if the HCA was not available. We spoke with the HCA who explained and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

GPs used 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.

Medicines management

The practice had a lead for medicines management.

The dispensary had documents which they referred to as Standard Operating Procedures (SOP). All staff involved in the procedure had signed the SOP's to say they have read and understood the SOP and agree to act in accordance with its requirements. Standard Operating Procedures (SOP's) cover all aspects of work undertaken in the dispensary. The SOP's should consist of step-by-step information on how to execute a task and an existing SOP be modified and updated when appropriate. Such SOPs would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). SOPs also provide a basis for training and assessment of competence.

We found that the SOP's did not fully reflect good professional practice. The SOPs did not indicate the level of competency expected for each function performed by dispensers. The SOPs had been reviewed and updated in the last 12 months but no reference had been made to any dispensing procedures which had been amended. There was no written audit trail of amendments to SOPs.

Records showed that all members of staff involved in the dispensing process had received appropriate training but there were no records to demonstrate that their competence was checked regularly. We spoke with dispensary staff who confirmed that they had not had their competence checked since obtaining their qualifications.

The practice had a system in place to assess the quality of the dispensing process. They had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

The dispensary accepted back unwanted medicines from patients. NHS England's Area Team made arrangements for a waste contractor to collect the medicines from the dispensary at regular intervals.

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.

Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The practice had signed up to the Electronic Prescription Service (EPS). EPS is an NHS service. It gives people the chance to change how their GP sends a prescription electronically to a place chosen by a patient. EPS gives a patient more choice about where to get medicines from. They can be collected from a pharmacy near to where a patient lives, works or shops. The practice had plans to improve their website and add details to ensure that patients had all the relevant information they required.

The practice provides a medicines delivery service one day a week for patients registered with the practice. They also deliver urgent medicines on other days where required.

We checked the medicine refrigerator in the dispensary and found that medicines were stored securely and were only accessible to authorised staff. 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.

We looked at the dispensary team meeting minutes dated 2 December 2014. Significant events were an agenda item. Actions had been identified, who was responsible to carry out the actions and a date by which they had to be completed by.

There was no clear policy for ensuring that medicines were kept at the required temperatures or the action to take in the event of a potential failure. We spoke with the management team who advised us that they would write a cold chain policy for staff to follow and use for guidance.

Are services safe?

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of the directions and evidence that the nurses had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

All prescriptions were reviewed and signed by a GP before they were given to the patient.

Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice. They were kept securely at all times. We spoke with the management team on the day of inspection who advised us they would put a process in place to ensure they adhered to national guidance.

Cleanliness and infection control

We saw that the premises were clean and tidy. There were daily, weekly and monthly cleaning schedules in place. However the cleaners did not keep records of the cleaning they had carried out. The practice manager told us they did weekly spot checks to ensure that standards of cleanliness were maintained but did not currently record this. The practice manager told us this was something she had identified and was going to implement. Patients we spoke with told us they found the practice clean and tidy and had no concerns about cleanliness.

The practice had a lead GP and a lead nurse for infection prevention and control. They were due to go on further training relevant to the lead role. All staff received training about infection control specific to their role. We saw evidence that the practice had carried out audits for each of the last two years. We looked specifically at the most recent audit which was carried out in September 2014 by the lead GP for infection control and the practice manager. We saw that improvements identified for action had been completed within the timescales specified. The findings of the audit were discussed in business planning meetings.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these

to comply with the practice's infection control policy, for example to deal with a blood spillage. There was also a policy for needle stick injury which had not been updated since July 2003. One member of staff we spoke with was not aware of the correct procedure to follow if a needle stick injury occurred.

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. Staff had recently carried out training in hand washing.

Sharps bins were correctly assembled and labelled.

Appropriate spill kits were available to clean up bodily fluids. Spill kits are used for the safe clean up and disposal of biohazard spills, such as blood and vomit

We were told by the infection control and prevention lead that no training had been given to staff in the required procedure for cleaning bodily fluids and the use of a spill kit. The infection prevention and control policy stated that all staff involved directly or indirectly in patient care will have infection control training that included management of body fluid spills/splashes and training records should be maintained.

All cleaning materials and chemicals were stored securely. Control of substances hazardous to health (COSHH) information was available to ensure their safe use. Some information had not been reviewed for a number of years. We spoke with the practice manager who told us they were in the process of updating these records. We looked at the COSHH Policy and found that it was not comprehensive. The policy did not give guidance and support in order that staff and other people who may be affected by exposure to these substances were protected.

There were arrangements in place for the disposal of clinical waste and sharps such as needles and blades. We saw evidence that their disposal was arranged by a suitable external company. Prior to collection the waste was stored in a compound at the rear of the practice. The clinical waste bins were locked but the gate into the compound from the road was not locked which meant the compound could be accessed by members of the public. The practice manager told us they would ensure that a lock was purchased and used on the gate.

Are services safe?

The practice had not taken steps to ensure that legionella risk assessments and checks were carried out. The practice did not have a policy for the management, testing and investigation of legionella. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.

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. A schedule of testing was in place. We saw evidence of the calibration of relevant equipment; for example a spirometer which tests to help diagnose various lung conditions, most commonly chronic obstructive pulmonary disease. The practice did not have a policy for inspection, calibration and replacement of equipment.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment for permanent staff members. For example, photographic proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. However the practice employed a locum GP and we found that on the day of our visit they were not able to demonstrate that appropriate checks, such as registration with the General Medical Council had been carried out prior to employing the locum GP. Neither had they satisfied themselves that the locum GP had the necessary indemnity cover. Following our inspection we received information from the practice to confirm that the locum GP had the necessary indemnity cover.

Staff told us about the arrangements for planning 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 staff groups to ensure that enough staff were on duty. We saw 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 ensure patients were kept safe.

Monitoring safety and responding to risk

The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. We saw risk assessment for fire, physical and environmental security of premises and equipment. We did not see any evidence of generic risk assessments, for example, slips, trips and falls, manual handling, display screen equipment, lone working or violence and aggression. We spoke to the management team on the day of inspection who told us this process had been commenced but there was still a lot of work to do.

The practice did not have Identified risks on a risk log. We did not see any evidence of risks being discussed at practice business meetings.

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 to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked the emergency trolley and found that the equipment, for example, a laryngoscope, used to open a patient's airway to insert a tube in the event of an emergency, were not in single use packets. We spoke with the practice manager who confirmed they would deal with this straight away.

We checked an emergency box used for home visits. The contents were only checked on a monthly basis and we found two drugs which had expired in January 2015. We spoke with the management team who advised us they would put in a process to ensure that the emergency box was checked at least on a weekly basis.

We found on the day of inspection that the room which contained the emergency medicines was not secure. Emergency medicines were kept in a trolley and all staff knew of their location. These included those for the treatment of anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive.

Are services safe?

Hypoglycaemia is a low blood sugar. The practice also held stocks of medicines for the treatment of seizures and sudden onset of shortness of breath. 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.

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 had 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 heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training. There were records that identified that they had practised a fire drill but it was not dated. Actions were identified but no action plan had been put in place at the time of the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly 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 minutes of practice meetings but did not see any evidence to demonstrate where new guidelines were disseminated, the implications for the practice's performance and patients were discussed or required actions agreed.

We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

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. The computerised patient record system ensured that patients were recalled in line with their treatment plans, for example, patients with diabetes were reviewed by a GP and practice nurse to ensure that their treatment plans were appropriate. Patients could be referred to the community, for example, to be seen by a diabetic nurse specialist, dietician or podiatrist. Newly diagnosed diabetics were referred to a local group for support and education.

Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, GPs told us they supported all staff to continually review and discuss new best practice guidelines for the management of respiratory disorders. Our review of the clinical meeting minutes did not confirm that this happened.

We looked at the practice activity report for the period January to December 2014. Accident and Emergency (A&E) attendances were significantly higher than the Welland locality, South Lincolnshire Clinical Commissioning Group and the three other Lincolnshire Clinical Commissioning Groups. This was attributed to the proximity of the local

A&E and Minor Injuries Unit in Stamford. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice's elective admission rate to secondary care was statistically similar to the Welland locality, South Lincolnshire Clinical Commissioning Group and the three other Lincolnshire Clinical Commissioning Groups.

Emergency admissions to secondary care were similar to the Welland Locality but significantly lower than the rest of the South Lincolnshire Group practices.

Management, monitoring and improving outcomes for people

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.

The practice did not have a robust system in place for completing clinical audit cycles. The practice had an audit calendar with monthly audits identified. We saw evidence that a full cycle audit had been carried out on methotrexate monitoring in primary care. We also saw a full cycle audit on sub-dermal implants. Recommendations were made in both audits but we were not shown evidence of an action plan to follow up on the recommendations made.

GP's we spoke with told us that two years ago the practice had analysed referral rates and changes had been put in place. However the practice did not have an action plan and no recent audit had taken place to ensure that the changes had made improvements to referrals made to secondary and other community care services.

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 national performance measurement tool.

The practice took part in research projects through the Primary Care Research Network (PCRN) to further monitor and improve the outcomes for patients. They had recently looked at the anti-coagulation status of patients with atrial fibrillation (AF).

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For

Are services effective?

(for example, treatment is effective)

example, the practice had 605 patients on their diabetic register. 91% of patients had received diabetes and foot risk assessments in the last 12 months and 93% had a blood pressure of 150/90 or less. Both of these were just above the minimum targets. 95% of patients with COPD had received an annual review and 98% had been vaccinated against influenza.

The practice had carried out a re-audit of suspected cancer referrals. We saw data from 2010 and 2014. In 2010 the percentage of diagnosis of cancer was 12%, 2014 the figure had increased to 15.5%. The practice recognised that they were still short of the 25% target and planned to discuss this further at the June educational meeting. All GPs we spoke with used national standards for the referral of patients with suspected cancers referred and seen within two weeks.

The practice had a palliative care register and currently held regular weekly meetings which were not minuted. We were told by the practice that they planned to commence monthly meetings to discuss the care and support needs of patients and their families. These meetings would be fully minuted.

The practice also 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. The GP's last received basic life support training in 2013 and we were told by the practice that they would complete an update by the end of March 2015.

We noted a good skill mix among the doctors with each having interests in specific areas.

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).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example one team leader we spoke with described how they had requested leadership training and the training had been organised for all team leaders with an external provider.

As the practice was a training practice, doctors who were training to be qualified as GPs had longer appointments to see patients. They also had access to a senior GP throughout the day for support. We received positive feedback from the GP Registrar we spoke with. They received support from the GP's and had protected time in which to discuss patient outcomes.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained 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 anti-coagulation were also able to demonstrate that they had appropriate training to fulfil these roles. The practice were in the process of expanding the nursing team in order to meet the current demand for appointments and in the future.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. 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. Each GP who saw these documents and results were responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. We found evidence that one GP had completed a four month backlog prior to the day of the inspection. We discussed with the management team the need for a robust system for all staff who actioned incoming post. This would ensure a safe and effective service for all patients.

The practice was commissioned for the new enhanced service and had processes in place to avoid unplanned

Are services effective?

(for example, treatment is effective)

admissions to hospital and to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice had a lead GP for palliative care. The protocol identified that multi-disciplinary case review meetings would be held at least every three months. We saw the palliative care patients monitor log which the practice would use as a basis for discussion at the meeting. The meetings will be attended by district nurses, social workers, palliative care nurses and decisions. After the inspection we were sent minutes of a business meeting in which it was identified that the first palliative care meeting would take place on 13 March 2015.

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.

Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use. The practice also did in-house referrals to GP's with special interest (GPwSI). A GPwSI is a GP with special interest in a particular area of medicine, for example, dermatology, neurology, gynaecology and minor surgery. GPwSI improve patient care by avoiding unnecessary referrals to secondary care. Patients received enhanced care as a GPwSI manage a condition at specialist level and take a holistic approach to co-existing co-morbidities. Patients we spoke with on the day of the inspection said the practice had a good process for referrals which was very quick.

The practice had signed up to the electronic Summary Care Record and planned to have this fully operational by March 2015. (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 EMIS Web to coordinate, document and manage

patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. 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

From our discussions with GP's and nursing staff we found that staff were aware of the Mental Capacity Act (MCA) 2005 and their duties in fulfilling it. Clinical staff had undertaken training on MCA 2005.

GPs and nursing staff we spoke with also demonstrated a clear understanding of Fraser and Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). We saw written guidelines staff could refer to as required.

All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For example, the practice were signed up to the C-Card Scheme. This scheme enabled the practice to give free contraception, for example, condoms to young people aged 13-24. All the practice nurses were trained to support this scheme. Fraser competencies were used for each young person who attended and used the C-Card scheme.

The practice had a consent policy in place. The policy highlighted how and when patient consent should be sought and how it should be documented in the medical notes.

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 relevant risks, benefits and complications of the procedure.

Health promotion and prevention

It was practice policy to offer a health check with the health care assistant / practice nurse 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.

Are services effective?

(for example, treatment is effective)

The practice also offered NHS Health Checks to all its patients aged 40-74. A GP showed us how patients were followed up if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability. The practice had four patients on the register and all had received a review.

19.73% of patients registered with the practice were under 17. The practice held a teenage clinic for young people after their 16 birthday. The clinic enabled staff to discuss the full range of services available at the practice and to give them the opportunity to ask any health or personal

questions. Staff had been trained and offered patients the C-Card Scheme. The scheme enabled the practice to give free contraception, for example, condoms to young people aged 13-24.

The practice kept a register of patients with dementia. 93% have received a depression review and were offered further support in line with their needs.

Performance for screening patients for chlamydia was 9.6%. The data demonstrated that this was better than others in the CCG area. The Welland locality was 6.8% and the rest of the South Lincolnshire CCG was 6%.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Standard Childhood Immunisation rates for under 2's was 96.3%. Pre-school immunisations 93.6%. Both figures were above the 90% target.

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 national GP patient survey and a survey of 878 patients undertaken in conjunction with the practice's patient participation group (PPG). The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

We reviewed the most recent data available for the practice on patient satisfaction. 83.7% of their patients were very happy with the surgery overall. In comparison 96% of patients who completed the July 2014 national GP patient survey described the overall experience as good and 93% would recommend the surgery to others.

The practice was also well above average for its satisfaction scores on consultations with doctors and nurses with 92% of practice respondents saying the GP was good at listening to them and 90% saying the GP gave them enough time. The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 61 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Three comments were less positive, issues with the dispensary were the common theme. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice. They said the service was friendly, courteous and 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 or washable 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 / 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 and helped keep patient information private. 82% of patients who completed the July 2014 national GP survey were satisfied at the level of privacy when speaking at reception. 90% said the receptionists were helpful.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national GP patient survey showed 82% of practice respondents said the GP involved them in care decisions and 84% felt the GP was good at explaining treatment and results. Both these results were above average compared to CCG area.

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

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The 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, 95% of patients who completed the July 2014 national GP survey had confidence and trust in the last GP they saw or spoke to. 90% said the last GP they saw treated them with care and concern. The patients we spoke to on the day of our

Are services caring?

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 patient website also told people 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 saw information available for carers to ensure they understood the various avenues of support available to them. There was a carer's information pack in the patient waiting area which gave details of how to register with the practice as a carer and

information on benefits, support and resources available to carers. The pack could be taken home on loan by carers if required. The practice website also had information available for carers to ensure they understood the various avenues of support available to them.

The practice website contained information for families on what to do if they had suffered bereavement.

Staff told us that if families had suffered a bereavement it was documented in the visit book and their usual GP contacted them. If the practice were unable to contact the family a condolence letter was sent.

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 people's 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.

The NHS 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.

The practice had members of the team who were long serving which enabled good continuity of care. Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example the practice had previously had in place a system for calling patients in to their consultation by means of patients being issued a numbered ticket. The PPG raised with the practice the fact that patients did not like this system and following this GPs now came out of consulting rooms and called patients in for their appointments which gave a more personalised service.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice website had the facility for information to be translated into many different languages and they had access to online and telephone translation services.

The practice had access to telephone translation services when required. Staff we spoke with told us that patients often brought a relative who had English as a first language to translate for them.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

The practice was situated on the ground and first floors of the building with all services for patients on the ground

floor. There were turning circles in the wide corridors for patients with mobility scooters. This made movement around the practice easier and helped to maintain patients' independence.

There were four parking spaces outside the surgery which are reserved for patients (identified by a disabled sign). There was a wheelchair available for use in the surgery.

There was a portable loop facility in the surgery to assist patients with hearing aids.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8:30 am to 6 pm for GP's and 6.20 pm for the practice nurses on weekdays. On Tuesday and Thursday appointments were available until 8 pm and 8 am and until 11am on Saturday mornings. Patients can book appointments five weeks ahead with a GP and 12 weeks ahead for the practice nurses for continuity of care. The practice also has a GP on-call who dealt with urgent appointments on the day and home visits. In addition to face to face appointments patients were able to book telephone consultations if unable to attend the practice due to work commitments or being housebound. The practice's extended opening hours on Tuesday and Thursday evenings and Saturday mornings were particularly useful to patients with work commitments.

The practice nurse team offered flexibility with appointment times. We were told and we saw that longer appointments were available at a time of convenience to the patient. A patient we spoke with told us the new phone system was better and had never had a problem making an appointment.

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

Are services responsive to people's needs?

(for example, to feedback?)

patients called the practice when it was closed the practice telephones automatically transferred the call to the 111 service. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for people who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to five local care homes by a named GP and to those patients who needed one.

Patients were generally satisfied with the appointments system. 86% of patients who completed the July 2014 national GP survey described the overall experience of making an appointment as good. 80% said it was easy to get through on the phone and 95% said the appointment was convenient.

Patients we spoke with on the day of the inspection confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. For example, one patient we spoke with told us how they needed an urgent appointment for a skin problem. One of the GPs specialised in skin problems and the problem was soon sorted out.

Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

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, information displayed in the waiting room, complaints summary and information about Patient and Advice Liaison Service (PALS). PALS offers confidential advice, support and information on health related matters. They also provide a point of contact for patients, their families and carers.

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.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and themes had been identified. Lessons learned from individual complaints had been acted on. However, there was no evidence that learning from complaints had been shared with staff.

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.

We saw the practice had a regular calendar of meetings held. For example, partner, business, team and educational. We were told and we saw that the practice held six monthly away days for staff and monthly strategic meetings to identify areas for improvement and plan the future of the practice. Recently they did a SWOT analysis as part of their business strategy to look at future investment in nursing, administration and new technology. A SWOT analysis is a structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project or in a business venture.

We looked at minutes of the practice away day held in September 2014 and saw that staff had discussed the vision and values of the practice. A further away day was planned for April 2015.

We spoke with 25 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 these were available to staff on the desktop on any computer within the practice. We looked at 12 of these policies and procedures and found that most had been reviewed annually and were up to date.

We found four nursing protocols out of date, for example, diabetes management, emergency contraception, consent for minor surgical operations and the procedure for fitting an ambulatory ECG monitor. We spoke with the management team on the day of inspection and they told us they would ensure that these protocols were updated.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead GP and nurse for infection control and the senior partner was the lead for safeguarding. We spoke with 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 practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The practice did not have a clear or robust system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. The incidents we reviewed were not recorded in detail and did not identify if the investigation had been completed.

The practice had an ongoing programme of clinical audits to use to monitor quality and systems to identify where action should be taken. However the practice did not have a system in place to check that the audit programme were completed and have evidence to demonstrate that the quality of patient outcomes had improved.

The practice had limited arrangements in place for identifying, recording and managing risks. We saw that fire and physical and environmental security of premises and equipment risk assessments had been completed. There was a business continuity and recovery plan which had been updated. There were no risk assessments or log to address and monitor issues such as legionella, COSHH, general environment, manual handling, slips, trips and falls.

The practice did not have a robust system in place to disseminate national patient safety alerts or Medicines and Healthcare products Regulatory Agency (MHRA) alerts to all practice staff. Safety alerts such as those disseminated by the Medicines and Healthcare products Regulatory Agency (MHRA) must be dealt with in line with the practice policy. MHRA alerts are sent where there are concerns over the quality of the medication or equipment. This could affect the patient in terms of the safety or effectiveness of the medication or equipment.

The practice held weekly business meetings and a monthly partner meeting. We looked at minutes from the last two meetings and found that performance, quality and risks had not been discussed.

Leadership, openness and transparency

We saw from minutes that team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Are services well-led?

Requires improvement 

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

The practice manager was responsible for human resource policies and procedures which were in place to support staff. We spoke with staff members who told us they also had access to a staff handbook, which included sections on equality and harassment, bullying at work, sickness and leave arrangements.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through patient surveys, comment cards, complaints received and the NHS Friends and Family Test (FFT). The FFT asks patients if they would recommend the practice they have used. FFT provides a mechanism to highlight both good and poor patient experience. We looked at the results of the practice patient survey undertaken in October 2014 and some patients said they would like to be able to get through to the practice on the telephone more easily. Following this the practice had introduced a new telephone system and patients we spoke with on the day of our inspection told us they found it much easier to contact the practice by telephone since the new system had been implemented.

The practice had an active and well established patient participation group called Friends of Sheepmarket Surgery (FOSS). FOSS met every quarter and following the meeting produced a newsletter with updates of their activities. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the FOSS. The results and actions agreed from these surveys were available in the patient waiting areas in the practice. FOSS also helped raise funds for equipment for the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff we spoke with told us they felt confident to give feedback and discuss any concerns or issues with peers and management.

The practice had a whistleblowing policy. Staff we spoke with were aware of the process and would be happy to report any concerns.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their professional development through training. We looked at five staff files and saw that regular appraisals had taken place. The practice manager showed us a new appraisal system they were in the process of introducing which included self-appraisal, feedback from colleagues and a personal development plan.

The practice was a GP training practice. There were three GP trainers and one associate trainer. They were all actively involved in the local GP vocational training scheme (VTS) Scheme. The aim of the scheme is to train doctors to become competent GPs to provide safe quality care to patients. We spoke with a GP Registrar who told us that the practice was very busy and they were supported to discuss patient outcomes. GP Registrars are fully qualified doctors who already have experience of hospital medicines and gain valuable experience by being based within the practice. They work full-time in the practice for a period of four 12 or 15 months dependent upon the stage of training they are at.

This section is primarily information for the provider

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 | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person had not protected people, or others who may be at risk against the risks of inappropriate or unsafe care and treatment because they did not assess, monitor and mitigate the risks relating to the health, safety and welfare people and others, who may be at risk which arise from the carrying on of the regulated activity. For example, risk assessments for, legionella, general office environment, control of substances hazardous to health (COSHH) and infection control.</p> <p>The registered person did not have a robust system in place to track prescription pads.</p> <p>The registered person did not have a robust system in place to check that all incoming post had been processed and that no member of staff had a backlog.</p> <p>This was in breach of Regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p> |

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person did not have a robust system in place to manage and learn from significant events and near misses.</p> <p>The registered person did not have a system in place to ensure that all staff received and acted accordingly on NPSA/MHRA alerts.</p> |

This section is primarily information for the provider

Requirement notices

The registered person did not have a system in place to ensure that legionella checks were carried out.

This was in breach of Regulation 10(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

We found that the registered person did not have a robust system in place to manage and learn from complaints.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

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

Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

We found that the registered person had not ensured that all staff had appropriate policies, procedures and guidance, which were robust, reviewed and updated to enable them to carry out their role. For example, nursing protocols, Legionella, Control of Substances Hazardous to Health (COSHH), sharps and inspection, calibration and replacement of equipment.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 20 (1) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have a system in place to demonstrate that appropriate checks, such as registration with the General Medical Council had been carried out prior to employing a locum GP.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 1(a)(b) and 4 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014