

Parkside Medical Centre

Quality Report

Tawney Street, Boston PE21 6PF
Tel: 01205 365881
Website: www.parkside-medicalcentre.co.uk

Date of inspection visit: 19 May 2016
Date of publication: 17/08/2016

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Parkside Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Medical Centre on 19 May 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients and others using the practice were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The risks to patients receiving medication considered to be of high risk had not been well managed.
- The system for dealing with patient safety alerts was inadequate and did not protect patients.
- The practice had not undertaken and completed two cycle clinical audits.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there was continuity of care, with urgent consultations available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Ensure that systems are introduced to help identify and support carers.

The areas where the provider must make improvement are:

- Ensure that there adequate systems are in place to protect patients from the identifiable risks associated with the prescribing of medicines considered to pose an elevated risk to patient safety under some circumstances.

- Ensure the process for dealing with Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts is clear and robust to help ensure patient safety.
- Implement a system in place to ensure NICE guidelines are fully adhered to.
- Undertake full cycle clinical audits to drive quality improvement.

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.

- There was an 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The risks to patients receiving medication considered to be of high risk had not been well managed.

The process for dealing with patient safety alerts such as those issued by the Medicines and Healthcare products Regulatory Agency were not robust and did not protect patients.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at above average compared to the national average for clinical indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance, although we saw that NICE guidance as not always fully adhered to.
- There was little evidence of quality improvement through clinical audit undertaken by the GPs
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than the national average for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had taken positive action to ensure that staff were able to communicate effectively with as many patients as possible whose first language was not English.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had not been proactive in identifying carers.

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 the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had very 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. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient representation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 was rated as requiring improvement for being safe and effective and good for being caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- The practice recognised the needs of patients in nursing and residential care and responded in an appropriate manner to requests for home visits for these patients.
- The practice employed a nurse whose role was to visit the over 75's in their own home to arrange assessments of their health and living conditions.

Requires improvement



People with long term conditions

The practice was rated as requiring improvement for being safe and effective and good for being caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance was comparable to other practices in respect of the care and treatment of patients with long term conditions.
- 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.

Requires improvement



Families, children and young people

The practice was rated as requiring improvement for being safe and effective and good for being caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- Family planning advice and a full contraceptive service was available including vasectomy, coil and cap fitting and emergency contraception.
- The practice offered free Chlamydia screening for patients aged 16 to 24.
- 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.
- The practice's uptake for the cervical screening programme was 65% compared to the CCG average of 75% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- NHS health checks were offered for patients aged 40 to 74 years of age.
- We saw positive examples of joint working with midwives and health visitors.
- Immunisation rates were lower than CCG averages for all standard childhood immunisations.

Working age people (including those recently retired and students)

The practice was rated as requiring improvement for being safe and effective and good for being caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice hosted a range of other healthcare services by other providers and had high quality operating theatres in-house offering a wide range of minor surgical procedures.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requiring improvement for being safe and effective and good for being caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- A GP had a special interest in substance misuse and the practice hosted a drugs and alcohol rehabilitation nurse who saw patients at the surgery.
- The practice had taken part in joint working with a learning disability support organisation.
- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice was rated as requiring improvement for being safe and effective and good for being caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 295 survey forms were distributed and 111 were returned. This represented a response rate of 38%.

- 64% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 79%.

CQC comments cards were left for patients and carers to complete to enable them to share their experiences with us. We received 19 completed cards. Of those 16 were wholly positive about the practice. Of the remaining three, one highlighted poor communication, one commented that they had difficulty seeing a regular GP and one highlighted delays in getting repeat prescriptions.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there adequate systems are in place to protect patients from the identifiable risks associated with the prescribing of medicines considered to pose an elevated risk to patient safety under some circumstances.
- Ensure the process for dealing with Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts is clear and robust to help ensure patient safety.

- Implement a system in place to ensure NICE guidelines are fully adhered to.
- Undertake full cycle clinical audits to drive quality improvement.

Action the service **SHOULD** take to improve

- Ensure that systems are introduced to help identify and support carers.

Parkside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Parkside Medical Centre

Parkside Medical Centre provides primary medical services to approximately 14,250 patients in Boston, Lincolnshire. At the time of our inspection the practice consisted of four GP Partners and one salaried GP one advanced nurse practitioner, a nurse practitioner, three practice nurses, three health care assistants and a phlebotomist. They are supported by a team of management, administration, reception and cleaning staff.

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

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices and NHS England for delivering primary care services to local Communities). It is not a dispensing practice.

Boston and its surrounds has a population of 66,500 (2014) and has seen a 14.5% increase over the proceeding ten years, making it the fastest expanding population in Lincolnshire.

The practice has a higher than average percentage of patients aged between 25 and 35 years of age. Many of these patients are migrant workers from Eastern Europe who are employed in food production and processing in the area.

Boston and South Holland have some of the highest levels of migrant workers in England, they being predominantly from eastern Europe, in particular, Lithuania, Poland and Latvia. Some 26% of the practice population do not have English as a first language.

Parkside Medical Centre has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

The practice had a website which we found had an easy layout for patients to use. It enabled them to access a range of information about the healthcare services provided by the practice.

The practice was located in a very large building that had recently been extended and provided treatment rooms on two levels, two surgical theatres and additional space for other healthcare providers. A community pharmacy was physically attached to the practice. The building had been carefully adapted to meet the needs of patients and carers with restricted mobility, vision and hearing impairment.

The practice is located in Boston town centre and benefits from ample car parking and level pedestrian access.

We had not previously inspected this practice.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, nurse practitioners, reception staff, a healthcare assistant and administrators.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again. We saw good examples of where apologies had been sent in the appropriate cases.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, significant events reports, patient safety alerts and minutes of clinical meetings where these were discussed.

- We saw good evidence collection and analysis.
- Lessons were shared and action was taken to improve safety in the practice. For example, we saw how some advice on self-administered wound care was changed following an event.
- However we found the process the practice employed for dealing with Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts was unclear. There was no clear protocol for ensuring that such alerts were allocated to a clinician or member of staff to evaluate, run the necessary searches and then see the patients to which the alerts related to adjust their medication. There was no protocol to enable the recording the outcomes of the searches in a suitable database and finally rerun the searches on a regular basis to prevent new cases arising.
- We looked at the alerts relating to simvastatin amlodipine, clopidogrel omeprazole and domperidone.

We found patients with safety conflicts were present for all three of these MHRA alerts (27 patients for simvastatin/amlodipine, 18 patients for clopidogrel and 15 for domperidone).

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS

Infection prevention and control

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. We spoke with the infection control lead who liaised with the local infection prevention team at the CCG to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Medicines Management

- The arrangements for managing emergency medicines and vaccines in the practice kept patients safe.
- We looked the prescribing practice for drugs that are considered to carry a high risk in some circumstances

Are services safe?

and found the processes that were in place for handling repeat prescriptions did not keep patients safe. The practice was failing to meet acceptable standards of reviewing patients receiving drugs which required monitoring according to nationally accepted prescribing guidelines. These included drugs used in hypertension or cardiac failure (ACE inhibitors, A2 RB inhibitors) and drugs used in cardiac arrhythmias or those with risk of recurrent venous thromboembolic events such as warfarin or drugs which potentially could significantly impair either hepatic liver function or bone marrow activity leading to risks of immunosuppression. Similarly we had concerns that patients in receipt of methotrexate were not being monitored in accordance with agreed national standards. Following our inspection we asked the practice to provide us with written assurances about how they were going to address these issues.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing including the advice issued by the Lincolnshire Prescribing and Clinical Effectiveness Forum.
- Prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Effective recruitment

- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 for all the different staffing groups to ensure enough staff were on duty.
- The practice had adequate 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 emergency medicines available.
- The practice had a defibrillator with adult and children's pads available on the premises and oxygen with adult and children's masks.
- Emergency medicines including atropine, 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 stored securely.
- 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.

Arrangements to deal with emergencies and major incidents

- The practice had adequate 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 emergency medicines available.

Are services safe?

- The practice had a defibrillator with adult and children's pads available on the premises and oxygen with adult and children's masks.
- Emergency medicines including atropine, 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 stored securely.
- 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 patients' needs.
- The GPs were aware of NICE guidelines which were distributed directly to clinicians and nurses through both e-mail traffic and direct notification at both collective protected learning type events run by the CCG and other CPD activities such as continual professional development activity. The clinicians we spoke with were all aware of the various web-based uniform resource locator sites such as Clinical Knowledge Summaries and the NICE guidance main website. We discussed several recent NICE guidance and safety notifications which included cancer referral pathways and new methods of treating type II diabetics. Indeed on the day of the visit a practice meeting dealing with the use of new medications in type II diabetics was held and we saw evidence of interactive learning in that session.
- However there was evidence that the NICE guidelines had not always been fully adhered to, for example patients on metformin with inadequate renal function.
- NICE guidelines were not a standing agenda item at practice meetings when clinical matters were being discussed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available.

Exception reporting was generally comparable to CCG averages. Where figures were significantly higher we saw evidence that assured us it was appropriate.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for all diabetes related indicators was similar to the national average. For example The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March was 88% compared to the national average of 94%
- Performance for mental health related indicators was generally better than the national average. For example The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91% compared to the national average of 84%.

There was little evidence of quality improvement through clinical audit by the GPs.

- We were unable to identify any completed two cycle audits that had been undertaken by the practice. However we saw evidence that some audits that had been undertaken by doctors in training at the practice in respect of urate lowering therapies for gout, patients with suspected lung cancer who should be offered an urgent chest x-ray and anti-biotic prescribing for urinary tract infections in non-pregnant women. Two of these audits were due to be re-run soon after our inspection. Following our inspection we were sent the results of the re-audit of urate therapies for gout which showed improvement across a number of areas since the initial audit and highlighted areas for further improvement.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as diabetes and chronic obstructive pulmonary disease had received appropriate training.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs. All members of staff due an appraisal had received one within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. There was a failsafe system in place for receiving and handling all pathology results which was overseen by the practice manager who had global supervision rights.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of meetings with other health care professionals.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice's uptake for the cervical screening programme was 65% which was lower to the CCG average of 75% and the national average of 74%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages but told us that patients from eastern Europe had a different healthcare culture and it had proven very difficult to increase the participation in screening programs and childhood immunisation rates.
- Childhood immunisation rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 92% and five year olds from 75% to 92%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 adjacent to the patient waiting area to discuss their needs.

We spoke with chair of the patient representation group (PRG). They also told us they were satisfied with the care provided by the practice and said patient dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- The practice had taken positive steps to ensure that patients who did not have English as a first language were fully involved in decisions about their care. They had employed members of staff who, between them, could speak Lithuanian, Russian, Polish and Latvian. In addition a member of staff in the attached community pharmacy was a Spanish speaker who was able to assist in the event that Spanish was required.
- The practice website was adjustable for font size and language to maximise access to information on the practice and signposting to other healthcare services.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations including the local hospice. Information about support groups was also available on the practice website.

The practice had identified 47 patients as carers (0.3% of the practice list). Staff we spoke with told us that they had experienced difficulty in identifying more carers. The only explanation offered for the low prevalence of identified carers was the high percentage of younger working people,

without extended families or elderly relatives on the patient list. Since our inspection we have received information that the practice is working actively with the Lincolnshire Carers and Young Carers Partnership, the CCG and the Carers Trust to identify and provide support for carers. To date the practice had identified an additional 30 carers.

Written information was available to direct carers to the various avenues of support available to them.

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

- There were longer appointments available for patients with a learning disability.
- The practice had taken part in a project with a learning disability support organisation which facilitated two young people with learning disabilities to come into the surgery and engage with staff to heighten their awareness and understanding.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice employed a nurse whose role was to visit the over 75's in their own home to arrange assessments of their health and living conditions.
- A nurse practitioner made weekly visits to residential and nursing homes and reviewed patients registered with the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice signposted patients to practices available to administer yellow fever vaccines.
- There were disabled facilities, a hearing loop and translation services available.
- Four members of staff spoke a number of Eastern European languages to cater for the high percentage of patients originating from those areas.
- The practice website had the facility to change font sizes for easier reading. Information on the website could be translated in many different languages.
- The premises were equipped to a very high standard to meet the needs of patients and carers with reduced mobility and sensory impairment, including accessible toilets and high visibility edging to all steps. A stepped height reception desk helped respect the dignity of wheelchair users and allowed face to face interaction between patients and staff.

- There was good access to all clinical areas including a lift to the first floor with accessible toilets and car good parking facilities.

Access to the service

The surgery was open between 8.15am and 8pm Monday, Tuesday and Thursday and from 7.30am on Wednesday. On Friday the surgery was open from 8.15am to 6.30pm. Telephone lines were open from 8am.

Appointments were pre-bookable up to four weeks in advance. GPs had 'book on the day' in addition to pre-booked appointments. When these appointments are fully booked the practice operated a "sit and wait" session for patients that considered they needed to be seen that day.

The Reception Manager organised rotas for all clinicians and embargoed more appointments during busy periods. This proved to be an effective system with the flexibility to increase appointment availability when necessary.

Patients were able to book in person, over the phone, by means of an automated phone system and on line.

We saw that the next routine pre-bookable GP appointment was on 31 May and the next practice nurse appointment was on 27 May. Patients, including unwell children, who required an early consultation were seen the same day. Appointments with the healthcare assistant were available for the next day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable or above local averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 77%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 61%.

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 designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting room.
- Information about the complaints procedure was easily accessible on the practice website.
- We looked at the complaints received since January 2016 and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that one complaint has concerned difficulty in booking appointments on-line. We saw evidence of thorough investigation and what action the practice had taken to resolve the situation.

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 robust strategy and supporting business plans which reflected the practice values and were regularly monitored.
- There was clear desire to become involved in more integrated healthcare framework and the practice had invested in providing high quality facilities to meet future demand.
- The practice charter, displayed on the website set out in clear terms what patients could expect from the practice and what was expected of patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We saw evidence of team building and bonding through activities away from the practice.

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.

- The practice had gathered feedback from patients through the patient representation group (PRG) and through surveys and complaints received. The PRG met regularly, acted as a conduit for the views of patients and submitted proposals for improvements to the practice management team. These had included the use of a rolling computer screen to display patient information, better signage in the car park and the use of tape barriers in the reception area to promote patient privacy and confidentiality.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The minutes of staff meetings showed that feedback was encouraged and valued.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- The practice was a training practice for doctors and also participated in nursing training.

Feedback from trainees about their time at the practice was very positive.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not;</p> <ul style="list-style-type: none">• Have systems in place to monitor and assess the risk patients in receipt of high risk medication.• Have systems in place to ensure that nationally recognised guidance and good practice such as that issued by NICE was fully adhered to.• Have the systems in place to ensure that clinical audit was undertaken to drive quality improvement.• Have an adequate system for dealing with patient safety alerts that protected patients. <p>This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>