

Market Cross Surgery

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Market Cross Surgery on 2 December 2015. The practice is rated overall as requires improvement.

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. However, reviews and investigations were not always thorough enough and done in a timely manner.
- Risks to patients were not assessed and well managed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 99% of patients who responded to the July 2015 patient survey described their overall experience of the surgery as good.
- A sit and wait clinic ensured urgent appointments were available on the day.
- Audits were driving improvement in performance to improve patient outcomes.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvement are:

- Have a system in place to ensure significant events and near misses are recorded correctly, investigated and any learning cascaded to staff.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. For example, fire, legionella and health and safety risk assessments

Summary of findings

- Ensure a risk assessment is carried out in relation to the three medicine pick up points.
- Embed a process to ensure emergency equipment and medicines are checked as per the practice protocol.

The areas where the provider should make improvements:

- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Ensure standard operating procedures for the dispensary include a competency section.
- Embed a system where fridge temperatures in all treatment rooms are reset in line with practice policy.
- Ensure first aid equipment is in date.
- Consider undertaking more audits in regard to minor surgery and intrauterine contraceptive devices.
- Have a system in place for the summarising of patient notes. Clear the backlog of paper records for new patients.
- Ensure all staff have a yearly appraisal
- Embed a formalised process for the recording of minutes of meetings.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Staff knew how to recognise signs of abuse in older people, vulnerable adults and children.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, general environment, fire and legionella.
- The practice had systems and processes for medicines management within the dispensary.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was some evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Record keeping was limited or absent.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care. 100% of patients who completed the national patient survey said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment
- Information for patients about the services available was easy to understand and accessible.

We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered a daily 'sit and wait clinic' for patients who want to be seen on the day. The practice offered a walk in minor injuries service to both registered and non-registered patients.
- 99% of patients who responded to the July 2015 patient survey described their overall experience of the surgery as good
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day in the sit and wait clinic.
- 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. There was 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.

- The practice had a vision to deliver high quality care and promote good outcomes for patients.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Requires improvement



Summary of findings

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice had a limited governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- The practice had an active patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews.

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 the care of older people.

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Named accountable GP for patients over the age of 75 years of age.
- There was a practice care co-ordinator in post who concentrated on patients on the admission avoidance register.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above CCG and national average.

Requires improvement



People with long term conditions

The practice is rated as requires improvement the care of people with long-term conditions.

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework (QOF for diabetes related indicators was 97.7% which was 6.1% above the CCG average and 8.5% above the national average.
- QOF data for asthma related indicators was 100% which was 2.2% above the CCG average and 2.6% above the national average.
- 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 medicines 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.

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 good for being effective, caring and responsive and requires improvement for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77.3%, which was comparable to the CCG average of 78.1% and the national average of 74.3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. 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.

Requires improvement



Summary of findings

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

People whose circumstances may make them vulnerable

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

The provider was rated as good for being effective, caring and responsive and requires improvement for providing a safe and well led service. 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 offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most 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 people experiencing poor mental health (including people with dementia).

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

- 93% of patients who have a mental health problem have received a review in the last 12 months.
- 91% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 89% of patients who suffered with depression have received a review in the last 12 months.

Requires improvement



Summary of findings

- The practice in conjunction with the Clinical Commissioning Group (CCG) uses the CANTAB tool for early identification of dementia. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national patient survey results published on 1 July 2015 showed that the practice was performing well above in most areas compared to local and national averages. 251 survey forms were distributed and the practice had a return rate of 46%.

- 98% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 97% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 67% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 97% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.

- 65% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 62% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Patients commented on the service being excellent with time given to listen. Treated by professionals with sympathy and understanding. Staff were caring and helpful in treating patients with dignity and respect. Two added an additional comment about a delay in getting an appointment.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Have a system in place to ensure significant events and near misses are recorded correctly, investigated and any learning cascaded to staff.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. For example, fire legionella and health and safety risk assessments
- Ensure a risk assessment is carried out in relation to the three medicine pick up points.
- Embed a process to ensure emergency equipment and medicines are checked as per the practice protocol.

Action the service **SHOULD** take to improve

- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Ensure standard operating procedures for the dispensary include a competency section.
- Embed a system where fridge temperatures in all treatment rooms are reset in line with practice policy.
- Ensure first aid equipment is in date.
- Consider undertaking more audits in regard to minor surgery and intrauterine contraceptive device.
- Have a system in place for the summarising of patient notes. Clear the backlog of paper records for new patients.
- Ensure all staff have a yearly appraisal.
- Embed a formalised process for the recording of minutes of meetings.

Market Cross 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 CQC Inspector and a GP practice manager specialist advisor.

Background to Market Cross Surgery

Market Cross Surgery is a small practice which provides primary medical services to approximately 4,300 patients. The surgery was originally located in the Market Place and relocated to the current premises in March 2012. The practice dispenses medicines to 95% of patients who are registered with the surgery.

At the time of our inspection the practice employed one lead GP (male), a Practice Manager, one salaried GP (female), three practice nurses, one health care assistant, dispensary manager, five dispensers, reception and 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 has one location registered with the Care Quality Commission (CQC) which is Market Cross Surgery, Bourne Road, Corby Glen, Grantham, Lincs. NG33 4BB.

Market Cross Surgery is open from Monday 8am to 6.30pm Monday to Friday. Patients can book appointments by phone, online or in person. The practice has bookable appointments from 8.30 to 9.30am and 3pm to 6pm. There is also a 'sit and wait' system if an urgent appointment is

required on the day. The practice also provides a minor injury treatment and assessment service during opening hours. Telephone advice is also available each morning by a GP or practice nurse.

Appointments could be booked up to four weeks in advance.

Extended hours are available on alternate Monday evenings between 6.30pm and 8.30pm and on alternate Saturday mornings 9am to 10.30am. These appointments were particularly useful to patients with work commitments.

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

NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG) is responsible for improving the health of and the commissioning of health services for 128,000 people registered with 19 GP member practices and the surrounding villages.

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 by changing the language options. This enabled patients where English is not their first language to read the information provided by the practice.

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

Market Cross Surgery, Bourne Road, Corby Glen, Grantham, Lincs. NG33 4BB.

Detailed findings

Market Cross 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. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

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.

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

We carried out an announced inspection on 2 December 2015.

We asked the practice to put out a box and comment cards in reception to enable patients and members of the public could share their views and experiences. We reviewed 50 completed comment cards where patients had shared their views and experiences of the service.

During our inspection we spoke with two member of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

On the day of the inspection we spoke with the lead GP, a locum GP, a practice manager, three nurses, one health care assistant, dispensary manager, one dispenser and members of the reception and administration team.

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 and learning

The practice did not have a robust system in place for reporting, recording and monitoring of significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We found two incidents which had not been recorded on the correct form. The current policy was revised in 2014 but was not specific to the internal process used by the practice.
- The practice carried out an analysis of some the significant events we looked at. However it was not in a timely manner to make sure action was taken to improve safety in the practice. We found they had not always been reviewed or investigated in enough depth to ensure that relevant learning and improvement could take place. We found that the practice had not undertaken an exercise to identify any themes or trends. Significant events were not a standing item on the practice meeting agenda. We saw examples of incidents that had occurred which had not been reported as a significant event and therefore we could not be assured that the practice could evidence a safe track record over the long term.
- National patient safety alerts were received and disseminated by the practice manager. We saw that actions from any safety alerts were undertaken and this included a search of patient records to ascertain if any patients needed a review of their medicines. The lead GP received patient safety alerts from MHRA
- We did not see a policy for safety alerts of any evidence that they were discussed at any meetings held within the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The GPs were trained to Safeguarding level three. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. Following the inspection the practice manager informed us safeguarding training was being reviewed to ensure that all relevant staff were trained to level three.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. Most staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. The health care assistant was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date mandatory training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had systems and processes for medicines management within the dispensary. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. We observed that dispensing staff followed safe procedures when dispensing medicines.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staffing levels were in line with DSQS guidance.
- 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

Are services safe?

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. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. 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 records of refrigerator temperatures for the fridges in treatment rooms and saw that these had been checked twice daily. However the fridges were not being reset on a daily basis.
- The practice had established a service for patients to pick up their dispensed prescriptions at a local post office and a general store. However, the practice had not considered the risks related to this to ensure they were kept securely and that patients collecting medicines from these locations were given them safely and with all the relevant information they required.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed eleven personnel files and found that there were gaps in the 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. We spoke with the management team who have already updated their recruitment process to ensure that all checks are completed prior to employment.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- The practice had not identified, recorded and managed risks. It had not carried out all the necessary risk assessments in order to identify risks and mitigate them.
- The practice had a health and safety risk assessment carried out by an external company in June 2015. A number of recommendations were identified. These included fire evacuation drills and fire alarm maintenance and to carry out risk assessments for general work tasks, for example, lone working and display screen equipment. We spoke with the management team but were unable to ascertain if any of the recommendations had been completed.
- The practice had a fire risk assessment dated 5 March 2012 which identified a number of recommendations to be completed. We spoke with the management team but were unable to ascertain if the actions had been completed. However we found that the system for documenting fire drills, fire alarm tests and emergency lighting checks was not clear and they had not always been recorded as having been carried out. We did not see any evidence of fire evacuation 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.
- A legionella risk assessment had been carried out in April 2015 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment but none had been implemented at the time of our inspection. One of these was the requirement for the implementation of monthly water temperature checks.

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.
- Staff had received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had oxygen and a defibrillator available on the premises but only adult defibrillator pads were available. We spoke with the management team in regard to paediatric defibrillator pads as a risk assessment had not been completed.
- There was also a first aid kit and accident book available. We found that the first aid kit had some contents which ran out of date in 2009.
- There was not a robust system in place for checking emergency equipment and medicines. There were omissions in the records for the checking of emergency equipment and medicines. The checking of emergency drugs and equipment protocol stated the checks would take place on a weekly basis by a designated nurse. The protocol for emergency drugs and equipment was due for review in November 2007. We spoke with the management team who immediately put a system in place to ensure that staff were following the practice protocol.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. However each risk was not rated and mitigating actions recorded to reduce and manage the risk. The document contained relevant contact details for staff to refer to. For example, contact details for staff or a heating company if the heating system failed. We spoke with the management team who told us they would update the plan by 31 January 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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. Clinical meetings were held every week but no formal minutes were taken. Staff we spoke with told us the lead GP discussed new NICE guidelines and updates and any prescribing issues identified by the Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF). Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Current results from 2014/15 were 99.1 % of the total number of points available. This was 3% above the CCG average and 5.6% above the national average. Exception reporting was 5.3% which was 3.1% below CCG average and 3.9% below national average.

The practice was not an outlier for any of the QOF clinical targets in 2014/15.

For example:

- The performance for diabetes related indicators was 97.7% which was 6.1% above the CCG average and 8.5% above the national average.
- The performance for asthma related indicators was 100% which was 2.2% above the CCG average and 2.6% above the national average.
- The performance for patients with hypertension was 100% which was 0.6% above the CCG average and 2.2% above the national average.

- The performance for patients with COPD was 100% which was 3.2% above the CCG average and 4% above the national average.
- The dementia diagnosis rate was 100% which was 4% above the CCG average and 5.5% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice had an on-going programme of audits which included clinical, dispensary, local and external audits. Two clinical audits completed in the last two years were completed cycle audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services.

For example,

In 2014 in response to new guidance on the prescribing of medicines for osteoporosis the practice did a review of patients on this medicine. In 2014 53 patient records were reviewed, 18 were seen in the practice for a review and 10 no longer needed the treatment. In September 2015 a further review of patient records was carried out. 52 patient records were reviewed, only eight needed to be seen and five had their medicine stopped. The practice was able to show an improvement but has recognised that further improvements need to be made in the future.

The practice participated in local and national benchmarking. For example:- for the period up to June 2015 for all antibacterial prescribing items the practice was 1.204 compared to a CCG average of 1.122. For the prescribing of cephalosporin's, quinolones and co-amoxilcav the practice was 14.84% compared to a CCG average of 11.81%. For the prescribing of anti-inflammatory drugs the practice was 12.70% compared to a CCG average of 18.36% and a national average of 11.84%.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations, wound care and taking samples for the cervical screening programme.
- The learning needs of some staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff we spoke with told us that they had had an annual appraisal. However we could not see any evidence of appraisals in some of the staff files we looked at.
- The practice had a training matrix in place to identify when staff had undertaken training. However it did not include all staff and was not clear when updates were due.
- All staff completed two day mandatory training that included safeguarding vulnerable people awareness, fire procedures, basic life support, infection control and information governance.
- Staff had access to and made use of external and in-house training suitable for their role.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.
- We were told that multi-disciplinary team meetings took place on a regular basis. However no formal minutes of the meetings were recorded but discussions that took place were added to the patient electronic records.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and family planning. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 77.3%, which was comparable to the CCG average of 78.1% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds 98%. Flu vaccination rates for the over 65s were 81.41%, and at risk groups 71.23%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 50 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

We reviewed responses to the NHS Friends and Family test in October 2015 and all respondents said they would be extremely likely or likely to recommend the practice to friends or family.

Care planning and involvement in decisions about care and treatment

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

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

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 96% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP visited them to offer support as required.

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.

- The practice offered extended hours which were available on alternate Monday evenings between 6.30pm and 8.30pm and on alternate Saturday mornings 9am to 10.30am..
- The practice offered a daily 'sit and wait clinic' for patients who want to be seen on the day.
- Daily home visits were available for older patients and patients who were unable to attend the practice.
- The practice offered a walk in minor injuries service to both registered and non-registered patients.
- The practice was a single storey building with automatic doors at the front with wide corridors and easy access for wheelchairs.
- The practice had a child friendly area in waiting room with baby changing facilities

Access to the service

The practice was open between 8am and 6.30pm. Monday to Friday. Booked appointments were from 8.30am to 9.30am every morning and 3pm to 6pm daily. Extended hours surgeries were offered on alternate Monday evenings 6.30pm to 8.30pm and alternate Saturday mornings 9am to 10.30am. There was also a 'sit and wait' system if an urgent appointment was required on the day. The practice also provided a minor injury treatment and assessment service during opening hours. Telephone advice was also available each morning by a GP or practice nurse.

Appointments could be booked up to four weeks in advance.

Results from the national patient survey showed that patient's satisfaction with how they could access care and treatment was mostly above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 65% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, a patient information leaflet.
- The complaints we reviewed had been responded to appropriately and in a timely way.
- There was no evidence that complaints had been reviewed to detect themes or trends. However we saw 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 vision to deliver high quality care and promote good outcomes for patients as they set out in their statement of purpose 'to provide the best possible quality service for their patients within a confidential and safe environment by working together'. Staff we spoke with knew and understood the values.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. In 2016 two new GP partners will join the practice.

Governance arrangements

The practice had a limited governance framework in place to support the delivery of the strategy and good quality care. We found that:-

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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.
- There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP partner was the lead for safeguarding.
- The practice did not have a robust system in place for reporting, recording and monitoring of significant events.
- There was not a robust system in place for checking emergency drugs and equipment.
- The practice had limited arrangements in place for identifying, recording and managing risks. However this had been identified by the practice as an issue and they had taken steps to address it by consulting a number of external companies to audit their processes for health and safety. These had identified the need for a more comprehensive system of risk assessments, some of which still needed to be carried out such as an up to date fire risk assessment and general environment. There was no risk log to address and monitor issues such as paediatric defibrillator pads, COSHH, general environment, manual handling, slips, trips and falls.

- We found on the day of the inspection a backlog for the summarising of paper records for new patients who had registered with the practice.
- A programme of continuous clinical and internal audit is used to monitor quality and to make improvements.

Leadership, openness and transparency

The lead GP in the practice has the experience, capacity and capability to run the practice and ensure high quality care. The practice prioritises safe, high quality and compassionate care. The lead GP was visible in the practice and staff told us that he was very approachable and always took the time to listen to all members of staff.

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

Since our inspection the practice had identified a number of areas where they felt there was room for improvement and had put in place an action plan to address this as part of their strategy going forward. These areas included recognising the need for a review of recommendations from risk assessments already carried out, a detailed training matrix, reviewing the practice meetings and having more comprehensive meeting minutes. These actions have not had time to be implemented yet or not had time to be embedded at the time of our inspection but demonstrated that the practice had awareness of the need for change.

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

- Staff told us that the practice held regular team meetings. Records of meetings were limited as we were told that some of the meetings held in the practice were informal and therefore not minuted. We looked at meeting minutes which were available and found limited recording of discussions about performance, quality and risks.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were

Are services well-led?

Requires improvement 

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

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

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the friends and family testing, through national GP patient surveys and complaints received.
- The practice had an active patient participation group (PPG). They met every 12 weeks and worked with the practice to make improvements to the practice. They were currently working on providing some high back chairs in the waiting room.
- We also saw evidence that the practice had reviewed its results from the NHS Friends and Family Test (FFT) and

displayed these results on their website and in the practice. The FFT is a system for gathering patient feedback which asks patients how likely they would be to recommend their practice to friends and family. There is also the opportunity to add comments. The practice was encouraging patients to be involved in shaping the service delivered at the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, being part of a pilot scheme for D-dimer testing in conjunction with the South West Lincolnshire Clinical Commissioning Group (SWLCCG). This has resulted in a primary care deep vein thrombosis service being provided at the practice. D-dimer tests are used to help rule out the presence of a blood clot.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (1) - Care and treatment must be provided in a safe way for service users. 12 (2) (a) – assessing the risks to the health and safety of service users of receiving the care and treatment 12 (2) (b) – doing all that is reasonable practicable to mitigate any such risks 12 (2) (c) - ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely 12 (2) (e) – ensuring that the equipment used by the provider for providing care or treatment to a service user is safe for such use and used in a safe way This was in breach of Regulation 12 (1) (2) (a) and (b)(c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	