

Hereward Group Practice

Quality Report

Exeter Street,
Bourne,
Lincs
PE10 9XR
Tel: 01778 393399
Website: www.herewardgp.co.uk

Date of inspection visit: 4 February 2016
Date of publication: 14/04/2016

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

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 Hereward Group Practice on 4 February 2016. Overall the practice is rated as Inadequate.

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 learning from incidents and complaints was not always disseminated to all staff.
- Risks to patients were not assessed and well managed.
- The practice did not have a robust system in place to monitor the training of the GPs and staff within the practice. For example, not all clinical staff had received appropriate training in safeguarding to ensure they were up to date with current procedures.
- Dispensing errors were not reliably recorded and there was limited evidence for any being written up as Significant Events.
- Dispensary Service Quality Scheme (DSQS) documentation had been completed by the Practice Manager but evidence was found that some of the entries were incorrect. For example, Standard Operating Procedures were not updated on yearly basis.
- Data showed patient outcomes were high compared to the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- There was not a robust system in place to ensure that the summarising of paper records for new patients who had registered with the practice was completed in a timely manner.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
 - There were omissions in the records of vaccine refrigerator temperature checks.
- Urgent appointments were available on the day they were requested.

Summary of findings

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

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. For example, Health and Safety, fire, legionella.
- Ensure there is adequate leadership in the dispensary and systems and processes in the dispensary are robust.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure learning from significant events and complaints is shared with staff.
- Embed a process to ensure staff training is monitored and all staff are up to date with mandatory training.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.
- Embed a system where fridge temperatures in all treatment rooms are checked and reset in line with practice policy
- Have a system in place for the summarising of patient notes. Clear the backlog of paper records for new patients.

- Ensure the mechanisms in place to seek feedback from staff and patients are robust and feedback is acted upon to ensure the practice improves services and the quality of care given to patients.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

In addition the provider should:

- Review significant events to ensure themes and trends are identified.
- Ensure all staff have mental capacity awareness training.
- Ensure all staff have a yearly appraisal

I am placing this practice in special measures. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

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 inadequate for providing safe services.

- Risks to patients were not assessed and well managed. Systems and processes to address risks were did not ensure patients were kept safe
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The systems for the infection control were not robust as annual audits had not been carried completed.
- We found gaps in the recruitment checks 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.
- The practice had some systems and processes for medicines management within the dispensary. However dispensing errors had not been consistently recorded historically which meant that trends could not be identified and monitored. We saw evidence that a new system was being established to address this.
- There was a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Inadequate



Are services effective?

The practice is rated as Good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice did not have a system in place to monitor training. Therefore we could not be assured that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was not a robust system in place to ensure that the summarising of paper records for new patients who had registered with the practice was completed in a timely manner.
- There was evidence of some appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Data from the January 2016 National Patient Survey showed patients rated the practice lower than others for some aspects of care. 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 86% national average 85%). 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Results from the January 2016 national patient survey showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:
- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Requires improvement



Are services responsive to people's needs?

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

- Practice staff 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. For example, the open access clinic commenced on a Monday morning due to lack of appointments.

Requires improvement



Summary of findings

- Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. 62% patients who responded said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 58% patients who responded described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 46% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However there was no evidence that learning from complaints was shared with all staff.
- The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was 9.98% compared to a national average of 14.6%.

Are services well-led?

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

- There was a documented leadership structure for the Hereward Group Practice but it was not clear who took overall responsibility for the surgery.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice did not have a system in place to identify, record and manage risk
- The practice did not have a robust system in place to monitor the safeguarding training of the GPs and clinical staff within the practice.
- The practice did not have a robust system in place to monitor the training of the GPs and staff within the practice.
- The systems for the infection control were not robust as audits had not been carried out yearly.
- There was not a robust system in place to ensure that the summarising of paper records for new patients who had registered with the practice was completed in a timely manner. We found on the day of the inspection a backlog from September 2015.

Inadequate



Summary of findings

- The practice did not have systems and processes in place to monitor the quality of the service and to ensure they were consistently being used and were effective.

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 inadequate for the care of older people.

The practice was rated as good for providing effective services. It was rated inadequate for safe and well-led services and requires improvement for providing caring and responsive services. 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 58% patients who completed the January 2016 patient survey said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).
- Each GP partner had responsibility for a local care home. The practice had eight care homes with patients registered with the practice. A GP partner was lead for intermediate care. The practice had joint responsibility for intermediate care beds used for hospital discharges. A MDT meeting took place weekly to review the patients.

Inadequate



People with long term conditions

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

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 58% patients who completed the January 2016 patient survey described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the

Inadequate



Summary of findings

preceding 12 months) is 150/90 mmHg or less was 92.7% which was 0.9% below the CCG average and 1.3% above the national average. Exception reporting was 4.9% which was 0.4% above CCG average and 0.3% below national average.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 83.5% which was 4.8% above the CCG average and 8.2% above the national average. Exception reporting was 2.8% which was 0.1% below the CCG average and 4.9% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 85.4% which was 1.2% below the CCG average and 1.2% above the national average. Exception reporting was 3.3% which was 0.2% below the CCG average and 0.5% below national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

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

- Childhood immunisation rates for the vaccinations given were comparable or above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 94% to 98%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 46% patients who completed the January 2016 patient survey said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Inadequate



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice were signed up to the C-Card Scheme and all staff have been trained. This scheme enables the practice to give free contraception, for example, condoms to young people aged 13-24.
- The practice's uptake for the cervical screening programme was 81.72%, which was comparable to the national average of 81.83%.
- Children who were experiencing mental health issues were referred to the Child and Adolescent Mental Health Services (CAMHS). However the practice told us that the service does not accept all referrals.

Working age people (including those recently retired and students)

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended hours on a Monday evening and Saturday morning. A minor injury service was available during practice opening hours.
- 62% patients who completed the January 2016 patient survey said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 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.

Inadequate



People whose circumstances may make them vulnerable

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

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

Inadequate



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

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

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95.9% which was 8.4% above the CCG average and 11.9% above the national average. Exception reporting was 3.3% which was 2.2% below the CCG average and 5% below the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98.57% compared to a national average of 88.47%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 94.67% compared to a national average of 89.55%.
- 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.

Inadequate



Summary of findings

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

Summary of findings

What people who use the service say

The national patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 50% were returned.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 72%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 84% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).

- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which all had positive responses about the standard of care received. They told us that the practice provided great patient care, which was professional and time was given to listen. Four comments cards also had a negative comment but no specific theme or trend was identified.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. For example, Health and Safety, fire, legionella.
- Ensure there is adequate leadership in the dispensary and systems and processes in the dispensary are robust.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure learning from significant events and complaints is shared with staff.
- Embed a process to ensure staff training is monitored and all staff are up to date with mandatory training.
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.

- Embed a system where fridge temperatures in all treatment rooms are checked and reset in line with practice policy
- Have a system in place for the summarising of patient notes. Clear the backlog of paper records for new patients.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Action the service **SHOULD** take to improve

- Review significant events to ensure themes and trends are identified.
- Ensure all staff have mental capacity awareness training.
- Ensure all staff have a yearly appraisal

Hereward Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hereward Group Practice

Hereward Group Practice provides primary medical services to 12,549 patients.

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.

Hereward Group Practice is a two storey building situated in Bourne, Lincolnshire. It has car parking facilities with spaces for patients with a disability. The practice has automatic doors at the entrance. Toilet facilities are available which include disabled access.

The practice provides dispensary services to 31% of those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice also provides a delivery service and has four medicine collection points where patients could collect their medicines.

At the time of our inspection the practice employed six GP partners (two female and four male), four salaried GPs (three female and one male) and two GP registrars. The surgery also employed a practice manager, assistant

practice manager, office manager, prescription manager, dispensary manager, four practice nurses, three health care assistants, one phlebotomist, and 35 dispensary, reception and administration staff.

The practice was a GP training practice. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

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

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

Hereward Group Practice, Exeter Street, Bourne, Lincs. PE10 9XR

The practice was open between 8am and 6.30pm Monday to Friday. Dispensary was open 9am to 6pm. Appointments were available from Monday to Friday 8.40am to 11.30am and 3.20pm to 5.40pm. The practice offers an open access clinic every Monday 8.40am to 11.30am. A Duty GP is always available Monday to Friday until 6.30pm. Nursing appointments available 8.40am to 5.20pm Monday to Friday.

Extended hours surgeries were offered on a Monday evening 6.30pm to 8pm and Saturday morning 8am to 12 noon.

The practice provided a minor injury service Monday to Friday for patients registered with the practice.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Detailed findings

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

Hereward Group Practice 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.

We spoke with the management team in regard to the practice's registration certificate and registered manager status. The practice were registered with the Care Quality Commission but the certificate had not been updated since a new GP partner joined the practice in 2012. The practice currently had five people registered as Registered Managers. This is also incorrect. The management team told us that they would contact with CQC in order to correct both issues. Since the inspection the practice have commenced the process to update and correct both the registration certificate and to have only one registered manager as set out in CQC guidance.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 4 February 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with two members 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.
- We also spoke to the manager of a care home with patients registered at the practice who told us the practice provided a very good service and they had a lead GP who visited the practice on a regular basis.

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)

Detailed findings

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

- The practice had a system in place but we found that it was not robust, consistent or clear in regard to significant events. Therefore we could not be assured that the practice could evidence a safe track record over the long term.
- 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.
- 13 significant events had been recorded since January 2015. We looked at two events and found that the practice had carried out a thorough analysis.
- We reviewed minutes of meetings where significant events were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, review of emergency contraception protocol following a significant event. However the practice did not carry out a significant event review to ensure themes and trends were identified.
- Safety alerts were received by the practice manager and assistant practice manager via email. Alerts are then discussed with a GP to ascertain if any investigation is required. They are then forwarded to relevant staff. Safety alerts are saved on file with notes of actions taken. We also saw evidence of medicine recalls being seen and actioned by dispensary staff. We did not see evidence that medicines safety alerts were consistently disseminated to dispensary staff.

Overview of safety systems and processes

The practice did not have 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 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. Staff demonstrated they understood their responsibilities but not all had

received training relevant to their role. On the day of the inspection we found that there were gaps in the training for GPs, nurses and health care assistants. The practice had safeguarding policies in place. In the evidence we reviewed not all GPs were trained to Safeguarding level 3. A notice in the waiting room advised patients that chaperones were available if required. Currently if a GP used a chaperone they did not document it in the patient electronic records. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS The practice website contained relevant and easily accessible information in regard to the use of chaperones.

- We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training.
- Infection control audits had not been carried out yearly. In February 2014 the practice carried out an audit, areas for improvement were identified but no action plan was put in place. In 2015 the practice did not undertake an infection control audit. The infection control lead had commenced an audit for 2016 and had identified issues in regard to the cleanliness of the practice and they were in the process of changing the cleaning company. Spot checks of the cleaning had not taken place prior to 2016.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were not robust to ensure patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). We saw a number of Standard Operating Procedures for the dispensary and found evidence that these were out of date and did not reflect current practice. The dispensary manager was very new in post and advised she has prioritised these for urgent review.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice conducted an annual audit of aspects of the dispensing process and was able to show evidence of a supply audit (which had been conducted in conjunction with a clinical audit) and was currently involved in an audit of returned (waste) medications.

Are services safe?

- Staff told us that processes were in place to check medicines in the dispensary. However, records were not available to confirm this process took place. All stock checked in the dispensary was in date.
- By talking to staff and looking at error log books we established that dispensing errors had not been consistently recorded historically which meant that trends could not be identified and monitored. We saw evidence that a new system was being established to address this.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and monthly checks of stock levels were undertaken and recorded.
- Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Repeat prescriptions were managed by a dedicated team of reception staff who followed a robust process when a medication review was due, ensuring medication was reviewed by GPs prior to prescriptions being re-authorised.
- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually by the lead GP for the dispensary.
- A domestic fridge was being used as the medicines fridge in the dispensary. This was not fit for purpose and there was no means of recording maximum and minimum temperatures. A single point temperature log was kept daily however we observed that on several occasions over the past 4 months the temperature had dropped below the required minimum and there was no information of any action taken.
- There were omissions in the records of vaccine refrigerator temperature checks in treatment room six within the practice. We found gaps in recording for 7,8,11,12,13,18 and 29 January 2016. This meant that the practice could not demonstrate that the integrity and quality of the medicines were not compromised.
- The surgery offered a medicines delivery service to patients. We saw evidence of an SOP to describe this activity that reflected the process described by staff and which ensured that security and patient confidentiality

was maintained The dispensary staff were able to give examples of offering reasonable adjustments to the dispensing process to support patients to take their medicines e.g. large print labels, the use of pictograms on monitored dosage systems and use of non-child resistant closures when necessary

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five 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 had not been confirmed.
- There were 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.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were no procedures in place for monitoring and managing risks to patient and staff safety. The practice did not have a variety of risk assessments in place to monitor safety of the premises such as health and safety, fire, four medicine collection points, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had carried out a fire drill on 2nd February 2016 and were in the process of writing the report with any actions to be taken. The practice did not have any risk assessments or a policy in relation to fire safety. We saw some gaps in the weekly fire alarm tests in September, October, November and December 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Staffing levels were regularly monitored. Some staff had been trained to carry out other roles within the practice to enable them to provide cover for busy periods, sickness and annual leave.

Are services safe?

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 there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For example, management of type 2 diabetes.
- Staff we spoke with told us that NICE guidance was distributed to clinical staff within the practice when it was relevant to the role they carried out.

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 98.8% of the total number of points available, with 9.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice are outliers for a number of QOF (or other national) clinical targets. Data from 2014/15 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.7% which was 0.9% below the CCG average and 1.3% above the national average. Exception reporting was 4.9% which was 0.4% above CCG average and 0.3% below national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was

83.5% which was 4.8% above the CCG average and 8.2% above the national average. Exception reporting was 2.8% which was 0.1% below the CCG average and 4.9% below national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 85.4% which was 1.2% below the CCG average and 1.2% above the national average. Exception reporting was 3.3% which was 0.2% below the CCG average and 0.5% below national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 93% which was 0.4% below the CCG average and 3.2% above the national average. Exception reporting was 7.9% which was 0.4% above the CCG average and 3.2% below national average.
- The dementia diagnosis rate was 85.7% which was 3.7% above the CCG average and 4.2% above the national average. Exception reporting was 15.2% which was 10.1% above the CCG average and 6.8% above national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95.9% which was 8.4% above the CCG average and 11.9% above the national average. Exception reporting was 3.3% which was 2.2% below the CCG average and 5% below the national average.

Clinical audits demonstrated some quality improvement.

- There had been nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. However there was limited evidence that the audits undertaken were driving improvement in performance to improve patient outcomes'.

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. However the policy did not detail all the topics to be covered such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- Staff we spoke with told us they had received role-specific training and updating, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme had received specific training. We could not see from staff files we looked at that this included an assessment of competence. Staff who administered vaccinations 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 practice did not have a training matrix in place to identify when training was due therefore we could not be assured that the learning needs of staff had been identified. Some staff had undertaken annual appraisals however nursing and healthcare staff had not received an appraisal since 2013.
- Dispensary staff were supported to access mandatory and role specific training and we saw evidence of participation in on-line and face to face training episodes. Staff were able to describe their responsibilities under child and adult safeguarding.
- We saw that staff had access to and most had made use of e-learning training modules and in house training. This training that included: safeguarding, fire procedures, basic life support and information governance awareness.

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.

- We saw examples of care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available in the waiting area.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was not a robust system in place to ensure that the summarising of paper records for new patients who had registered with the practice was completed in a timely manner. On the day of the inspection we saw a backlog from September 2015 to current and the practice were unable to tell us if an electronic download summary had been received.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- In information sent by the practice we found that not all staff had received mental capacity act awareness training. Clinical staff we spoke with 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients are counselled regarding fitness to return to work.
- A physiotherapist and counsellor were available on the premises and the GPs referred patients as required.

The practice's uptake for the cervical screening programme was 81.72%, which was comparable to the national average of 81.83%. 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.

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

Childhood immunisation rates for the vaccinations given were comparable or above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 94% to 98%.

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. 50% of patients invited had had a health check. 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 to the side of the reception desk to discuss their needs.

All of the 22 patient Care Quality Commission 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 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 and took time to listen when they needed help and provided support when required.

We also spoke to the manager of a care home with patients registered at the practice who told us the practice provided a very good service and they had a lead GP who visited the practice on a regular basis.

Results from the January 2016 national patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 86%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 86% national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the January 2016 national patient survey showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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 3.32% of the practice list as carers. 32 have agreed to be on the carer's

Are services caring?

register. Written information was available to direct carers to the various avenues of support available to them. The practice website contained relevant and easily accessible information for carers that covered a range of issues such as caring for relatives as well as finance and benefits advice.

Staff told us that if families had suffered bereavement, if required, advice on how to find a support service was given. The practice website contained good information to support patient who had suffered a bereavement.

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. For example,

- The practice offered extended hours on a Monday evening 6.30pm until 8pm and Saturday Morning 8am to 12 noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift for access to the first floor.
- Patients living with dementia were referred to the Lincolnshire Families Support Society.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Dispensary was open 9am to 6pm. Appointments were available from Monday to Friday 8.40am to 11.30am and 3.20pm to 5.40pm. The practice offer an open access clinic every Monday 8.40am to 11.30am. A Duty GP is always available Monday to Friday until 6.30pm. Nursing appointments available 8.40am to 5.20pm Monday to Friday.

Extended hours surgeries were offered on a Monday evening 6.30pm to 8pm and Saturday morning 8am to 12 noon.

The practice provided a minor injury service Monday to Friday for patients registered with the practice.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).
- 58% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 46% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Comments cards we reviewed told us that they were able to get on the day appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 practice complaints summary leaflet available in the reception area.
- The practice website contained good information and advice on complaints. It also contained advice on how to access advocacy services.

The practice had received 12 complaints over the past year. We looked at two complaints received in the last 12 months and found they were handled in a timely manner with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, adapted form to record district nurse referrals.

Are services well-led?

Inadequate 

(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.

- The practice had a strategy to improve the current building and increase capacity to ensure they continued to provide high quality care to patients registered with 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:-

- 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. A number of them were overdue for a review. The practice had not provided guidance for staff for fire safety, legionella or control of substances hazardous to health (COSHH).
- The practice did not have a system in place to identify, record and manage risk
- There was a 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. However it was not clear who took overall responsibility for the practice.
- The practice did not have a robust system in place to monitor the training and supervision of the staff within the practice. For example, no training matrix, not all GPs had safeguarding training to level 3 and not all staff had received an appraisal.
- The systems for the infection control were not robust as audits had not been carried out yearly.
- There was not a robust system in place to ensure that the summarising of paper records for new patients who had registered with the practice was completed in a timely manner. We found on the day of the inspection a backlog from September 2015.
- The practice did not have systems and processes in place to monitor the quality of the service and to ensure they were consistently being used and were effective.

Leadership and culture

The practice took part in Productive General Practice. This initiative was funded by the CCG and is a set of models to support GP practices to promote efficiencies whilst maintaining high quality care. The practice had completed the first module which had looked at capacity and demand. A shortfall in appointments was identified so the practice had set up an open access clinic on a Monday morning.

- The partners in the practice were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. Not all staff were involved in discussions about how to run the practice and how to develop the practice as the practice had not held full practice meetings. Some staff said the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

There was a leadership structure in place however it was not clear who took overall responsibility for the practice and most staff felt supported by management.

- Staff told us the practice held regular departmental team meetings.
- Staff we spoke with said they felt supported by the practice and there was an open culture within the practice. Staff had the opportunity to raise any issues at departmental team meetings and felt confident in doing so.
- We saw evidence of regular dispensary meetings within the practice and dispensary staff meeting with other similar staff in practices within the locality. In-house meetings were not routinely minuted to allow dissemination to staff unable to attend; we were advised that this would alter now a new Dispensary manager was in post. Dispensary staff and GPs spoken to described effective daily communication and the dispensary lead GP was described as providing pro-active support to the new dispensary manager.

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

- The practice encouraged feedback from patients. It gathered feedback from patients through the patient participation group (PPG), the NHS Friends and Family Test (FFT) and complaints received. (A PPG is a group of

Are services well-led?

Inadequate 

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

patients registered with a practice who work with the practice to improve services and the quality of care). However we found on the day of the inspection that the practice had not carried out a patient survey since March 2014 and comments from NHS choices website had not been responded to. The practice had looked at Friends and Family testing but we could not see any action plans in response to comments made.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team had been forward thinking and had taken part in local pilot schemes to improve outcomes for patients in the area. For example, the Productive General Practice modules funded by the CCG.
- The practice was a GP training practice. On the day of the inspection they had one GP registrar. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>19 (1) - The registered person did not have a system in place to demonstrate that potential employees were:-</p> <ul style="list-style-type: none">(a) be of good character,(b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, <p>which are necessary for the work to be performed by them.</p> <ul style="list-style-type: none">(c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. <p>19 (3) – the following information must be available in relation to each such person employed –</p> <ul style="list-style-type: none">(a) – the information specified in Schedule 3, and(b) such other information as is required under any enactment to be kept by the registered person in relation to such persons employed. <p>This was in breach of Regulation 19)(1),(3) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17 (1) - Systems and processes must be established and operated effectively to enable you to:</p> <p>17 (2) -</p> <p>(a) - assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and</p> <p>(b) - assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <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>