

# Beacon Medical Practice

## 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Beacon Medical Practice on 8 November 2017. The practice is rated as good for caring and requires improvement for safe effective, responsive and well-led. Overall the practice is rated as requires improvement.

At the last inspection on 15 July 2015 it was rated as good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those retired and students)  
– Requires improvement

People whose circumstances may make them vulnerable  
– Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement.

They are rated as requires improvement because the ratings for safe, responsive, effective and well-led applied to everyone using the practice including all population groups.

At this inspection we found:

- The practice had good facilities and was well equipped to treat patients and meet their needs. However the branch surgery at Chapel St Leonards was in need of replacement or substantial extension and refurbishment.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice identified learning but the actions from the learning was not always implemented.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines, although leaders had not taken

# Summary of findings

positive action to ensure that an un-commissioned service being undertaken at the practice was being conducted with appropriate clinical oversight or ceased.

- The practice had an effective process for managing risk such as those posed by healthcare associated infections, fire and waste management.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients we spoke with said they found it difficult to get appointments and reported that they were not able to access care when they needed it.
- Feedback from patients about their interactions with nurses was positive but patients were less satisfied with their dealings with GPs.
- There was no evidence of clinical audit being undertaken to help improve patient outcomes.
- The processes for managing medicines posed a risk of people not always being kept safe.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example in their leading in anti-coagulation services for the area.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that there is a protocol in place for obstetric ultra-sound scanning and ensure that there is clinical oversight and audit of the service provided.
- The practice must ensure that learning identified as a result of significant events investigations is cascaded to all GPs and staff and that the actions are implemented.

- Prescribers must consider and satisfy themselves of the appropriateness of issuing repeat prescriptions.
- Blank prescription forms should be securely stored when not in use to prevent unauthorised access to them.
- Ensure that dispensary standard operating procedure documents are correctly signed.
- Patient group directives should be reviewed and updated to reflect that individual nurses are specifically authorised.
- Complete clinical audits to drive quality improvement.

The areas where the provider **should** make improvements are:

- Undertake an audit on non-clinical prescribing practice.
- Remind staff that medicines should be retained in their original packaging.
- Should take steps to remind reception staff of the need for patient confidentiality.
- Review the procedures for monitoring the temperatures of fridges used to store medicines.
- Should continue to monitor patient satisfaction with regard to appointment availability and take steps to improve access to services.
- Review the arrangements in place for obstetric ultra sound scanning to ensure the procedures do not impact on clinical time to deliver the core commissioned services.

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

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that there is a protocol in place for obstetric ultra-sound scanning and ensure that there is clinical oversight and audit of the service provided.
- The practice must ensure that learning identified as a result of significant events investigations is cascaded to all GPs and staff and that the actions are implemented.
- Prescribers must consider and satisfy themselves of the appropriateness of issuing repeat prescriptions.
- Blank prescription forms should be securely stored when not in use to prevent unauthorised access to them.
- Ensure that dispensary standard operating procedure documents are correctly signed.
- Patient group directives should be reviewed and updated to reflect that individual nurses are specifically authorised.

- Complete clinical audits to drive quality improvement.

### Action the service **SHOULD** take to improve

- Undertake an audit on non-clinical prescribing practice.
- Remind staff that medicines should be retained in their original packaging.
- Should take steps to remind reception staff of the need for patient confidentiality.
- Review the procedures for monitoring the temperatures of fridges used to store medicines.
- Should continue to monitor patient satisfaction with regard to appointment availability and take steps to improve access to services.
- Review the arrangements in place for obstetric ultra sound scanning to ensure the procedures do not impact on clinical time to deliver the core commissioned services.

# Beacon Medical 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 CQC inspection manager, a GP specialist adviser, a practice nurse specialist adviser, a practice manager adviser, a member of the CQC medicines team and an expert by experience. We were also accompanied by Healthwatch Lincolnshire who conducted a patient listening clinic.

## Background to Beacon Medical Practice

Beacon Medical Practice is a GP practice which provides a range of primary medical services to 22,137 patients in Skegness and neighbouring villages. The practice has one location registered with the Care Quality Commission (CQC). This is at Churchill Avenue, Skegness, Lincolnshire. PE25 2RN.

The provider of services is registered with the Care Quality Commission as Beacon Medical Practice which is partnership.

The partnership is registered to provide the regulated activities of;

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

There are branch surgeries at Beacon Medical Practice Chapel St Leonards, Ancaster Avenue, Chapel St Leonards, Lincolnshire. PE24 5SL and Beacon Medical Practice Ingoldmells, Skegness Road, Ingoldmells, Lincolnshire, PE25 1JL. We visited all three premises as part of our inspection.

The practice website is [www.beaconmedicalpractice.com](http://www.beaconmedicalpractice.com)

Services are commissioned by Lincolnshire East Clinical Commissioning Group (CCG).

The service is provided by eight GP partners, two salaried GPs, ( whole time equivalent 9.6) two GP Registrars (WTE 2.0), six nurse practitioners (WTE 5.6), two emergency care practitioners (WTE 1.8), six practice nurses (WTE 5.4), five health care assistants, a dispensary manager and nine dispensers. They are supported by a practice manager, an operations manager, an information technology and data quality manager and a team of reception and administration staff. In total the practice employs over 70 members of staff.

We reviewed information from Lincolnshire East clinical commissioning group (CCG) and Public Health England which showed that the practice population is affected by higher deprivation levels than the average for practices within the CCG and the average for practices in England. The practice sits in the highest decile of deprivation with a score of 43.8, more than double the national average of 21.8.

There are a high number of temporary residents who use the services of the practice, particularly between April and September. The number varies year on year but is typically between 6 and 10,000 patient registrations per annum. On the day of our inspection there were 456 temporary residents registered with the practice.

The practice was able to offer dispensing services to those patients who lived more than one mile (1.6km) from their

## Detailed findings

nearest pharmacy. There are dispensaries located at the branch surgeries at Chapel St Leonards and Ingoldmells. The practice is able to dispense to 1,476 (6.5%) of registered patients and 416 temporary residents.

The practice has a higher than average number of older people as patients with 27% being aged 66 or over. There are fewer younger people aged 18 and under registered with the practice, 17% compared to the national average of 21%.

The number of patients with a long term health condition , 65%, is significantly higher than the national average of 53%.

Life expectancy for both males (76 years) and females (80 years) is below the national average of 79 and 83 years respectively.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust which can be accessed through NHS111.

The practice had previously been inspected on 6 October 2014 when it was rated as 'Requires Improvement' overall . A follow up focused inspection was conducted on 15 July 2015 when it was rated as 'Good' overall.

# Are services safe?

## Our findings

The practice was rated as requires improvement providing safe services because:

- The practice did not have in place an effective system to ensure the safe prescribing of medicines.
- Dispensing did not always follow best practice guidance.
- Blank prescription forms were not stored securely when not in use.
- Whilst serious events were well documented and investigated, the actions arising from the investigations were not always implemented.

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

# Are services safe?

The systems for the appropriate and safe management of medicines did not always ensure that patients were kept safe.

- The systems for managing medical gases and emergency medicines and equipment minimised risks.
- The practice had not taken the necessary steps to ensure that blank prescription forms were stored securely when not in use. Printers containing blank prescriptions were not locked and in 'open' areas where other staff may work unsupervised; for example contract cleaners and non-dispensing practice staff.
- Staff were aware of local antibiotic prescribing guidelines but there had not been any practice based antimicrobial audit.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- We could not be assured the arrangements for dispensing medicines kept patients safe. We saw evidence that repeat prescriptions were being recommended by non-prescribing staff and signed by prescribers but without the prescriber accessing the patient notes to ensure that the prescription was appropriate to the needs of the patient.
- There was evidence of poor dispensing practice. We saw an original pack of 30 tablets containing 35 tablets, indicating a transfer of stock from one original pack to another. This posed the risk of being unable to confirm the batch number or expiry date should a medicines recall be necessary.
- Standard operating procedures intended to instruct staff were available to dispensers but not all had been signed.
- Patient Group Directives, (documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions) were in place and signed by staff who used them. However there was some evidence of pre-signature by doctors responsible for the authorisation of staff to use the PGD, whereas individual practitioners need to be individually authorised.

- The practice did not prescribe high risk medicines. The practice had withdrawn from shared care agreements so patients in receipt of high risk medicines were reviewed by and prescribed to by specialist hospital clinicians.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Generally we found the practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- However one serious event had concerned obstetric scanning being undertaken by one GP at the practice. The practice was not commissioned to undertake such scanning. As a result of the event the majority of the partners had discussed the matter and agreed that as it was not a commissioned service and no other GP within the practice was qualified or competent to provide the service it should cease with immediate effect, other than on an opportunistic basis when there was a clear clinical need by the one competent GP. The scanning has continued with pre-booked consultations for scanning. We asked how the quality of the scanning was monitored and audited. We were informed that as far as the practice knew there was no such system in place. We asked to view the protocol governing the scanning activity. We were told that no such protocol existed.
- Since our inspection we have been informed by the practice that scanning activity has ceased and that the equipment is due to be removed.



## Are services safe?

There was an effective and comprehensive system for receiving and acting on safety alerts. The practice learned from external safety events. There was an effective system in place to respond to alerts received from the Medicines and Healthcare Products Regulatory Authority.

# Are services effective?

(for example, treatment is effective)

## Our findings

The practice was rated as requires improvement for providing effective services because:

- Obstetric ultra-sound scanning was being undertaken by one GP without there being any protocol in place or audit of the clinical need and effectiveness of the procedure.
- There was no evidence of clinical audit.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that generally clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However:

- We found that obstetric ultra-sound scanning was being undertaken by one GP without there being any protocol in place. We have since been informed that the scanning activity has ceased.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable to other practices.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing unit was comparable to other practices.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones were comparable to other practices.
- The practice provided an anti-coagulation service to both permanent patients and temporary residents, believed to be the largest in primary care in the East Midlands and one of the ten largest in England. The service was staffed by a highly trained and experienced anti-coagulation practitioner who led a dedicated team to provide the service to 1,100 patients from Beacon Medical practice and two other practices. The service was shown to have a positive impact on patients. For example; The average patient time in therapeutic range

was 80% with many patients achieving 90 to 100%. The NICE recommendations are to aim for over 65%. There was a dedicated anticoagulation patient helpline (plus an out of hours answerphone). Patients were tested, dosed, advice given and next appointment booked at one visit. There was evidence of in depth initiation counselling and domiciliary patients were seen by a member of the anti-coagulation team, ensuring a seamless service.

- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had innovated in the use of information technology and was only the second GP practice to integrate their anti-coagulation software with SystmOne. The project had been ongoing for several months and was nearing a successful conclusion. This would enable direct transfer of information relating to patients in receipt of anti-coagulation therapy directly to their own practice.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice employed full time Nurse Practitioner whose role was to provide care and proactively identify older adults that required responsive, appropriate and timely management. They provided a general and personalised care plan which supported people and their carers in the planning of their care, to live well and self-manage their condition(s).
- The practice identified patients who were at high risk of avoidable unplanned admissions, and established a case management register.

# Are services effective?

## (for example, treatment is effective)

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

### People with long-term conditions

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- The practice had a high prevalence of patients with long term conditions. For example 2,209 patients had been diagnosed with diabetes, 999 with chronic obstructive pulmonary disease and 733 with atrial fibrillation.
- All patients that had a long term condition were managed in a structured and effective way. The practice utilised an automatic recall process that ensured patients were invited in for their annual health check on or around their birthday. Dependant on the check required, they ensured each appointment had adequate time for nurses to carry out a thorough examination.
- We were made aware that the reviews of patients with long term conditions had slipped behind schedule as a result of staffing shortages but the practice was interviewing for a nurse on the week following our inspection and was actively exploring alternative ways of addressing the back-log.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- All GPs had a lead role in one or more chronic condition.
- Staff who were responsible for reviews of patients with long term conditions had received specific training for example nurses had received additional training and updates in chronic kidney disease, asthma and chronic obstructive pulmonary disease.

### Families, children and young people

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- The needs of working aged patients including those that have retired and students had been identified. The practice had been proactive in offering online services which are available around the clock. 32 % of the practice population had active online service use.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% or above. The percentages ranged from 82% to 91%. The practice was aware of the low uptake in one age group and was taking active steps to increase the number of children receiving the vaccines.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

### Working age people (including those recently retired and students)

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- The practice offered extended hours on three evenings a week as well as opening on alternative Saturdays for NHS Health Checks and Long-Term Condition clinics.
- They have recently purchased the prescription module for patient partner for those patients without internet access to enable them to order their prescriptions at any time.
- The practice's uptake for cervical screening was 84%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. This included a full health check and cardiovascular disease risk assessment. In the last QoF year the practice achieved their target of assessing 60% of invited patients.

# Are services effective?

## (for example, treatment is effective)

- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 
- Nurses held evening clinics for female patients who required a cervical screening test outside of normal working hours.
- Other health promotion such as chlamydia screening for 16-25 year olds was offered.

### People whose circumstances make them vulnerable

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- All patients on the learning disability register were invited for an annual health check and the practice produced a health action plan with them and their carer where appropriate.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice has a large cohort of long term temporary residents. During registration they are asked to provide a recent copy of their repeat prescription slip from their home GP practice or the telephone number so that Beacon Medical Practice can obtain the repeat information via fax. If the request for medication was not urgent then they are informed of the 48 hour turnaround and give them the day and time of when to collect their medication.
- The clinical rota is organised to allow for extra provision at the busiest time through the summer. Same day appointments were offered for temporary patients that had a medical concern that needed to be addressed the same day and any prescription that was given as a result of the consultation was dispensed straight away by one of the practice dispensaries if the patient so wished.
- **People experiencing poor mental health (including people with dementia)**

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 9% higher than the CCG and 12% higher than the national average.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 3% higher than the CCG and 1% lower than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 78% compared to the CCG average of 86% and national average of 90%.
- The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 91% compared to the CCG average of 94%;and national average of 95%.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96% The overall clinical exception reporting rate was 10% which was the same as the national average .(QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included taking samples for the cervical screening programme had received specific training and could demonstrate how they

# Are services effective?

## (for example, treatment is effective)

stayed up to date. However we saw that healthcare assistants who administered some medicines under patient specific directives had not attended a recent immunisation update course.

- The practice understood the learning needs of staff and provided time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- However we were informed that no staff had undertaken any training in respect of mental health awareness, the deprivation of liberty safeguards or dementia awareness.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, however there was no evidence of audit of non-medical prescribing.
- Obstetric ultra-sound scanning was being undertaken by one GP without there being any protocol in place or audit of the clinical need and effectiveness of the procedure.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway was 55% which was higher than the CCG average of 52% and national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- Reception staff were provided with a well thought out and compiled training log that gave a comprehensive overview, amongst other things, of the running of the practice, a glossary of commonly used terms and abbreviations, staff list and their location and advice on dealing with patients who may be more demanding.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs however some people we spoke with stated that receptionists did not always respect their confidentiality.
- The six patient Care Quality Commission comment cards we received were generally positive about the service experienced, however some mentioned the difficulty in getting through on the telephone and five commented on the difficulties in getting an appointment.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 235 surveys were sent out and 177 were returned. This represented 0.77% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs but in line with both CCG and national averages for nurses. For example;

For GPs;

- 72% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 72% of patients who responded said the GP gave them enough time. This compared to the CCG average of 85% and national average of 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw. This compared to the CCG average of 94% and national average of 95%.

- 67% of patients who responded said the last GP they spoke to was good at treating them with care and concern. This compared to the CCG average of 84% and national average of 86%.

For nurses:

- 89% of patients who responded said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% of patients who responded said the nurse gave them enough time. This was the same as both the CCG and national average.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw. This was the same as both the CCG and national average.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and national average of 91%.
- 79% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

We raised the issue of the lower satisfaction relating to GPs and although they were aware of the results there was no explanation offered other than there was general feeling that GPs were under extreme time pressure during consultations. There were plans in place to try and improve patient satisfaction through adjusting and revising the appointments system.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.



## Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers through the registration process and opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 257 patients as carers (1.16% of the practice list).

- The practice employed a full time Nurse Practitioner to provide care to older adults that require responsive, appropriate and timely management. The role included supporting people and their carers in the planning of their care, to live well and self-manage.
- There was no process in place to support families and next of kin in times of bereavement.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs were below both CCG and national averages but the responses for nurse were in line with both averages:

For GPs;

- 69% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.

- 66% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.

For nurses

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs however some people we spoke with stated that receptionists did not always respect their confidentiality.
- Healthwatch representatives also observed there to be a lack of confidentiality and privacy at the Skegness Surgery.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for providing responsive services because:

- Patients found it difficult to contact the practice to make an appointment.
- Patients found difficulty in getting an appointment within a reasonable time
- Uncommissioned activity by a GP was having a detrimental effect on GP consultation availability.
- Learning from complaints had not always been cascaded to relevant staff.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments. However we were aware that the practice had sought permission to stop extended hours consultations.
- The practice acknowledged the pressures on appointment availability as a result of such high numbers of temporary residents and had frequently tried to maximise availability to meet demand through changes to the booking system.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises at the Skegness and Ingoldmells Surgeries were appropriate for the services delivered. They were both purpose built, relatively new buildings.
- However we found that the surgery at Chapel St Leonards whilst clean, was not fit for purpose especially as there was such a high demand on services. The construction of the building did not allow for any internal development or adaption and there was insufficient external space to allow for extension.

Internally the property was confined and cramped and provided very restricted access for people with pushchairs or patients using mobility scooters. We saw evidence that the practice had sought support from the CCG and NHSE for new premises but had been disappointed with the response and as such new premises were unlikely to be available for the foreseeable future.

- The practice made reasonable adjustments such as home visits when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Nurses administered flu vaccines and undertook long term condition reviews for patients who could not attend the surgery.

### People with long-term conditions:

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Patients were sent recall letters on the anniversary of their birthday. However due to staffing shortages the program was approximately six weeks behind schedule. We were informed that the practice was employing an additional nurse to meet these needs and the backlog would be addressed as a result. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice held regular meetings with the local community nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had failed to attend secondary care appointments.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- However the as the ratings for applied to everyone using the practice including all population groups.

### Working age people (including those recently retired and students):

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- The needs of this population group 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 opening hours on three evenings a week and on alternate Saturday mornings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

### People whose circumstances make them vulnerable:

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

### People experiencing poor mental health (including people with dementia):

This population group was rated as requires improvement because the ratings for safe, responsive and well-led applied to everyone using the practice including all population groups.

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had 190 patients on the dementia register. Of these 96% were reviewed in the last year.
- There were 194 patients on the practice mental health register, of which 73% had a comprehensive care plan.

### Timely access to the service

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times and delays were not managed appropriately.
- However patients with the most urgent needs had their care and treatment prioritised.
- Some patients we spoke with said they found the appointment system complicated and some stated that they thought temporary residents were given priority. The practice told us they were aware of the perception and were constantly adjusting the appointments system to make it more accessible and better meet the needs of patients.
- Extended hours appointments were available on three evenings a week and nurses ran chronic disease clinics on every other Saturday. However we were aware that the practice had sought permission to cease extended hours appointments.
- At 11.40am on the day of our inspection we looked at the availability of consultations and found the next pre-bookable GP consultation was on Monday 13th November, two working days following our inspection.
- We had concerns that a GP undertaking un-commissioned activity during routine practice

# Are services responsive to people's needs?

## (for example, to feedback?)

sessions had a detrimental effect on the availability of GP appointments. Following our inspection we raised this matter with the commissioning CCG. The practice were aware of the issue and were taking steps to try and stop the activity.

- Of the six reviews of the service posted on the NHS Choices website, five were critical of the time it took to get an appointment with a GP
- At 7.45am on the day of our inspection there were 18 people waiting at the Skegness surgery to make appointments when the surgery opened at 8am. At the Ingoldmells branch there were five people queuing outside at 7.50am.
- During the course of the inspection 21 patients were spoken with. Recurring themes were the perceived priority given to temporary residents, a confusing telephone system and lengthy waits to get a GP consultation, 3 to 5 weeks being quoted.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 235 surveys were sent out and 177 were returned. This represented about 0.77% of the practice population.

- 59% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 22% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 58% and national average of 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 80% and national average of 84%.
- 64% of patients who responded said their last appointment was convenient compared to the CCG average of 78% and national average of 81%.

- 39% of patients who responded described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 47% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG and national average of 58%.

The practice were aware of the poor patient satisfaction, particularly with regard to access to appointments. They told us they frequently adjusted and changed the appointment system to try and improve the patient experience but that the underlying problem was the demand for services.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 44 complaints had been recorded in the current year. We reviewed a sample of the complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care, however it was not always recorded or apparent that the learning had been cascaded to staff. For example we reviewed a complaint regarding a patient not being made aware of which surgery their appointment was at. The learning was to be discussed at the reception staff meeting. However when we viewed the minutes of these meetings the matter had not been recorded as having been discussed.

# Are services well-led?

Requires improvement 

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

## Our findings

We rated the practice, and all the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Un-commissioned obstetric scanning was being carried out by one GP with no protocol in place and no assurances as to the quality or appropriateness of the procedure.
- We were not assured that staff were able to report concerns in line with the whistle blowing policy without the possibility of recrimination or redress.
- There was no evidence of clinical audit being used as means of improving the action to change practice to improve quality of care and outcomes for patients.
- The practice had not adequately addressed the patient concerns regarding difficulty in accessing GP appointments.
- There was no evidence of clinical audit being used as means of quality improvement.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. We spoke with the senior partner who was also the Registered Manager who acknowledged the need for change and understood what need to be done.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example the difficulty in recruiting GPs to this part of Lincolnshire had been addressed and the practice had two international GPs that had been recruited through the scheme managed by the Local Medical Committee.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population but experienced great difficulty in managing the high numbers of temporary residents. In particular patient feedback showed the practice had not satisfied permanent residents that they were treated equally in terms of access to appointments. There was a clear feeling that temporary residents were prioritised.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. We found staff moral to be good.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However we had concerns of how one former member of staff who had implemented the whistleblowing procedure and had raised concerns regarding one GP had been dealt

# Are services well-led?

Requires improvement 

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

with. We saw written evidence the GP had not accepted that the whistleblowing process was correct or justified and had sought redress. They had also threatened in writing to inform the persons new employer.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff said they felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management but they were not always effective or adhered to.

- Generally practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However there was no protocol in place to govern obstetric ultra sound scanning being performed by one GP, although they had been confirmed as competent by NHSE.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

## Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. However the performance of GPs could not always be demonstrated through audit of their consultations and referral decisions. For example the practice had no oversight of the consultations and clinical outcomes of patients who had received ultrasound scanning from a GP.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- There was no evidence of complete clinical audits being used as a means of improving quality of care and outcomes for patients.
- The practice had extensive and effective plans in place to cover a wide range of events that posed a risk to service delivery and had trained staff for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. However there was little evidence that performance information was combined with the views of patients to improve the service or patient outcomes.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care for example through their work to integrate the clinical records system with the anti-coagulation software.

# Are services well-led?

Requires improvement 

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

- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

- There was an active patient participation group. We spoke with three members of the group and found them to be positive and saw their role as helping the practice improve. They told us of their successful campaign to get a bus stop located outside of the Ingoldmells surgery and the help they had rendered the practice is identifying a site for a new surgery at Chapel St Leonards.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement at all levels within the practice. The practice supported staff to further their experience and qualifications. For example:

- Two nurses were being supported by the practice and were currently working towards becoming prescribers.
- Two clinical practitioners were in the course of doing their Master's degree.
- The reception manager was undertaking a NVQ Level 3 in management.
- The practice employed apprentices and encouraged them to progress through the organisation.
- Staff knew about improvement methods and had the skills to use them.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not have assurance that prescribers of medicines satisfied themselves of the appropriateness and safety of issuing repeat prescriptions.</p> <p>Blank prescription forms were not securely stored when not in use to prevent unauthorised access to them.</p> <p>Dispensary standard operating procedure documents had not always been signed by dispensary staff.</p> <p>Patient group directives had not been reviewed and updated to reflect that individual nurses were specifically authorised to administer medicines.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have an effective process in place to ensure that obstetric ultra-sound scanning was being carried out effective clinical oversight and quality assurance.</p> <p>The provider did not have in place an effective system to ensure that learning identified as a result of significant events investigations was cascaded to all GPs and staff and that the actions were implemented.</p> <p>There was no evidence that the provider had undertaken clinical audit to drive quality improvement.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>