Littlebury Medical Centre

Inspection report

Fishpond Lane
Holbeach
Spalding
Lincolnshire
PE12 7DE
Tel: 01406422231
www.littleburymedicalcentre.com

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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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated requires improvement overall.
(Previous inspection December 2014 was Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced inspection at Littlebury Medical Centre on 5 April 2018 as part of our inspection programme.

At this inspection we found:

- There was a system in place for reporting and recording significant events.
- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, patient safety alerts, monitoring of the cold chain, checking of emergency medicines and equipment, sepsis awareness.
- Some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.
- There were some arrangements for identifying, recording and managing risks but not all had been well managed. For example, fire safety and legionella.
- Most of the medicines management practices in place kept patients safe.
- We saw limited evidence of quality improvement to improve patient outcomes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Comments cards we reviewed told us that patients said they were treated with compassion, dignity and respect. They felt cared for, supported and listened to.
- Urgent appointments were available on the day they were requested through the triage system.
- The July 2017 national patient survey results had been reviewed but not all had actions in place to improve the areas of concerns identified by the patients registered at the practice.
- There was no overarching governance framework in place to support the delivery of the strategy and good quality care.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Ensure that all staff have had an appraisal in the last 12 months
- Continue to monitor the system in place for prescriptions to ensure they are signed before the medicines are dispensed.

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

Population group ratings

Older people	**Requires improvement**
People with long-term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently 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**

Our inspection team

Inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, 2nd CQC inspector and a practice manager specialist adviser.

Background to Littlebury Medical Centre

Littlebury Medical Centre is a rural, dispensing practice based in a purpose built surgery located in the centre of Holbeach, Lincolnshire.

It has a current list size of 6,744 patients and offers a full range of primary medical services and provides dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises.

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.

At Littlebury Medical Centre the service is provided by two GP partners (Male), one locum GP (Male), one practice manager, one assistant practice manager/clinical lead nurse, two nurses, three health care assistants, three full time equivalent dispensers, three administration and six reception staff.

On 5 April 2018 we inspected the following location where regulated activities are provided:-

Littlebury Medical Centre, Fishpond Lane, Holbeach, Spalding, Lincs. PE12 7DE

Littlebury Medical Centre are registered to carry out the regulated activities of :- Diagnostic and Screening Procedures, Maternity and Midwifery Services, Family Planning, Surgical Procedures and Treatment of Disease, Disorder and Injury.

The level of deprivation is sixth on the most deprived scale. The level of deprivation is 21% compared to a CCG average of 16% and national average of 24%. The level of income deprivation affecting children and older people is above CCG average but lower than national average.

The practice has 32.4% of patients registered at the practice aged 0yrs to 18, 25.3% aged 18yrs to 64, 26% aged 65 and over, 12.5% aged 75 and over and 3.8% aged over 85 years of age. Of these 98% are white British, 0.7% mixed race, 0.9% Asian and 0.2% black. (Source: Public Health England & 2011 Census)

Littlebury Medical Centre had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust. There are arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services.

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

- On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment.
- Not all the systems and processes in the dispensary were effective.
- Process for the management of patients safety alerts was not effective
- Not all risks were assessed and well managed
- We found there were gaps in the checking of emergency equipment and medicines

Safety systems and processes

During our inspection we found that some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.

- On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment. There was a lead GP for safeguarding. Staff we spoke with were aware who had responsibility for safeguarding. We found that the lead GP did not have an overarching view of the safeguarding issues in relation to patients registered with Littlebury Medical Centre. We spoke with the assistant practice manager/clinical lead nurse who was able to show us the system in place for safeguarding, the number of patients on the register and in records we reviewed icons and alerts were in place. However we did not see any evidence that family members had alerts or icons in place. We reviewed minutes of clinical meetings and found that concerns were discussed in regard to safeguarding but we were told that the practice had not held any safeguarding multi-disciplinary meetings. However a safeguarding meeting had been planned for 16 April 2018 and further meetings would be planned for the rest of 2018. Since the inspection the practice have told us that the meeting did not go ahead on 16 April 2018 as external agencies did not attend.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. GPs and practice nurses were trained to child protection or child safeguarding level 3.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice had a system in place to carry out appropriate staff checks at the time of recruitment. However we found two members of staff did not have a DBS check but these were staff who had been employed at the practice for a long time.
- The practice maintained appropriate standards of cleanliness and hygiene. On the day of the inspection the practice were undergoing building work but we observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. We saw that infection control audits had been completed in December 2017. We saw that actions had been identified but an action plan was not in place to address the improvements identified as a result but some actions had still not been completed.
- An external contractor was employed to test all electrical and clinical equipment to ensure it was safe to use and was in good working order. We saw evidence that this was last carried out on 4 October 2017. However as the practice did not have a full list of equipment they were not able to confirm that all equipment had been tested.
- A five year Electrical Installation Condition Reports (EICR) for the practice was carried out on 27 April 2014.
- Gas safety checks were last carried out on 13 June 2017.
- Arrangements for managing waste and clinical specimens were appropriate and kept people safe.

Risks to patients

Not all risks were assessed and well managed.

Requires improvement

Are services safe?

- There was a health and safety policy available. Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an induction system in place for both new and temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in procedures. However we found a number of gaps in the checking of the emergency medicines and equipment. In 2017 gaps were found from 29 August to 19 September, 11 October to 20 October, 14 November to 6 December. In 2018 gaps were found from 2 to 16 January, 16 to 24 January, 20 February to 7 March, 14 March to 28 March. The practice did not have a policy in place to provide guidance to staff. The practice had a telephone triage system. Reception staff took the initial phone call from a patient and were then put on a list for either a GP or a practice nurse to call a patient back to assess their problem and determine the best course of action. The purpose of triage is to ensure that patients who feel their problem needs to be dealt with either on the day or before a routine appointment is available can access clinical advice quickly and efficiently. We were told that the practice nurses had not received any specific training in minor illness and/or telephone triage to carry out this role. Furthermore there were no clear triage policy/guidelines in place to ensure patient safety. Since the inspection the practice have sent us certificates of attendances for Minor Illness Training that was completed by two nurses from 18 and 20 April 2018.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. However on the day of the inspection we did not see any information for patients and staff and no evidence that staff had received any sepsis awareness training. Since the inspection the practice have told us that awareness will take place with small groups of staff in the next two weeks. Posters have been placed in clinical treatment rooms for guidance.
- We found in a couple of clinical rooms window blinds that did not have a safety device for the cord to prevent injury to patients.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However each risk was not rated and mitigating actions recorded to reduce and manage the risk.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. The practice peer reviewed all referrals to ensure nothing inappropriate leaves the practice.

Appropriate and safe use of medicines

Not all the systems in place were appropriate and safe for the handling of medicines in order to minimise risk.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had not reviewed its antibiotic prescribing and we did not see any evidence that they had taken action to support good antimicrobial stewardship in line with local and national guidance. Since the inspection the practice had sent us information that the staff at the practice attended a meeting on 22 November 2017 on the effective antimicrobial prescribing.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Monthly searches of the patient electronic record system were carried out to find out if any patients required ongoing monitoring, regular blood tests and reviews. The patient will then be contacted to arrange an appointment. The practice had also developed safe systems to ensure monitoring of high risk medicines was kept up to date to keep patients safe.
- 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. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process. (these were written instructions about how to safely dispense medicines).

- The practice dispensed medicines to 33% of their patients. A bar code scanner was used to improve accuracy and efficiency of the dispensing process. Staff described a process for which ensure medicines were second checked before being dispensed to the patients.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- There was a system and process in place for the management of the cold chain, including vaccines. However the practice needed to review the process for monitoring and resetting fridge readings and training was required on what to do when a high reading was noted. We saw that a number of high readings from the dispensary refrigerators had been noted and no appropriate action had been taken. We spoke with the management team who reviewed the current process, made changes to the form for documentation and had ordered a secondary thermometer and training would need to take place to ensure it was set up correctly and staff were able to download the relevant information**.** A new recording temperature sheet had also been put in place.
- The practice provided a medicine delivery service to patients registered at the practice.
- At this inspection we found that there was not an effective process in place for the signing of prescriptions. Prescriptions were not routinely signed by a GP prior to patients collecting medicines which fell outside current guidance. We spoke with the management team who immediately reviewed the process to ensure prescriptions were signed before they were issued. After the inspection we received a revised dispensing prescription protocol and assurance from the management team that all prescriptions would be signed before the medicines were dispensed to the patient.
- Records we looked at showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually by one of the lead GPs for the dispensary.

Track record on safety

The practice had a mixed record on safety as not all risks were assessed and well managed.

- On the day of the inspection we found that the practice did not have an effective approach to assess and manage risk to keep patients safe.
- We were shown a document entitled workplace risk assessment which included the assessments of fire safety; Control of substances hazardous to health (COSHH), Legionnaires disease, lighting and display equipment. The assessments were questions and answers but there were no mitigation of the risks as the questions were either a yes, no or not applicable answer. They did not ensure the safety and suitability of the premises.
- In relation to a risk assessment for COSHH we found that the external cleaning company had completed comprehensive risk assessments for the cleaning products used at the practice.
- On the day of the inspection the practice did not have a comprehensive fire risk assessment in place. Regular fire drills and fire alarm testing took place, fire equipment checks were carried out yearly by an external contractor but the practice did not carry out any themselves. Checks of the emergency lighting and fire exits had not taken place. The fire safety policy did not provide enough guidance to staff and did not identify who took overall responsibility for fire safety and fire wardens had not been identified. Since the inspection the practice have had an external company carry out a fire risk assessment and actions have been identified.
- On the day of the inspection the practice did not have a comprehensive legionella risk assessment in place to mitigate the risks of legionella (a bacterium which can contaminate water systems in buildings). The practice did not carry out monthly water monitoring testing and there was no policy to provide guidance to staff.

Requires improvement

Are services safe?

Following our inspection the practice sent further information and confirmed that an external contractor had been contacted and will visit the practice on 26 April 2018 to assess what action was required.

- We did not see any evidence that the practice monitored and reviewed activity. This would help them to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

- There was a system and policy 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. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We reviewed the five events that had been recorded in the last 12 months.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice had a system in place in relation to safety alerts. However on the day of the inspection we found it needed further work to ensure it was effective. Alerts were received by the practice manager via email. Safety alerts were then added to a spreadsheet. The practice told us they forwarded them to relevant staff via the computer system and staff were required to acknowledge that they had read them. We found one example where these had not been actioned. We found that not all staff were aware of the relevant alerts to the practice and where they needed to take action.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups.

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

- There was limited evidence of quality improvement.
- QOF monitoring was in place but the practice needed to review conditions that were below CCG and national average, for example, Diabetes.
- No clinical audits had taken place in respect of minor surgery carried out at the practice.
- We found that the practice carried out minor surgery procedures. No audits had been carried out in relation to minor surgery or for the monitoring of the process for consent. **Effective needs assessment, care and treatment**

On the day of the inspection we found that the practice did not have a formal system in place to keep clinicians up to date with current evidence-based practice including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff we spoke with told us they were aware of current guidance relevant to their role and told us they could access the guidance via the internet. Meeting minutes we looked at contained evidence of one discussion on NICE guidance in relation to diabetes. The management team told us they would add NICE guidance to meeting agendas going forward.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. The practice had 951 patients eligible and of these 0.6% checks had been carried out.
- The achievements for the QOF indicators related to Rheumatoid Arthritis was 100% which was 9.3% above the CCG average and 13.2% above the national average.
- 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:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice told us, and we saw that the practice had, in the majority of chronic diseases, a higher rate than national prevalence and QOF monitoring was in place with the exception of Diabetes. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 67.1%compared to the CCG average of 83.7% and national average of 79.5%. Exception reporting was 1.3%compared to the CCG average of 12.2% and national average of 12.4%.
- The percentage of patients on the diabetic register, where the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 74% compared to the CCG average of 82.4% and national average of 78.1%. Exception reporting was 4.2% compared to the CCG average of 8.1% and national average of 9.3%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 73.3% compared to the CCG average of 86% and national average of 80%. Exception reporting was 8.4% compared to the CCG average of 14% and national average of 13%.

We spoke with the management team at the inspection and they told us they would review these indicators to try and understand why they were below the CCG and national average.

Families, children and young people:

Requires improvement

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above. The practice had arrangements for following up failed attendance of children's appointments for immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. A template was in place on the patient electronic record system. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 73%, which was 5% below the CCG average of 78% for the national screening programme and 1% above the national average of 72%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. 59% of patients eligible had attended for bowel cancer screening which was 1% below the CCG average of 60% and 4% above the national average of 55%.
- Of those patients eligible 76% had attended for breast cancer screening which was 2% below the CCG average of 78% and above the national average of 70%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice had high levels of attendance for this imminisation. The practice were able to demonstrate that of the 73 patients registered had been offered an immunisation and 68 had been given.
- For the school age from year nine to school leaver, 437 had been offered and 398 had been given.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life (EOL) care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 58 patients registered with a learning disability. The practice offered annual health checks to patients with a learning disability.57 had received a review of their care in the last 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. Any issues would normally be discussed with the GP who was the safeguarding lead.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, referral to the Crisis team at the local hospital and a local memory clinic for a diagnosis of dementia.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for 2016/17 were 97.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 97%.

The overall exception reporting rate was 3.6% which was below the CCG average of 4.4% and national average of 5.7%. (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.)

Where the practice had QOF data that was below the CCG and national average we could not see where the management team had reviewed this and put actions in place to make improvements. For example, in relation to the monitoring of patients with Diabetes. On the day of the inspection the practice showed us the unverified QOF results for the end of the 2017/18 which demonstrated an improvement across all areas.

- At this inspection we found that the practice did not have a programme of continuous audits to monitor quality and to make improvements. They had limited evidence to demonstrate continuous improvements to patient outcomes or any action plans put in place to monitor implementation of any recommendations. We were provided with a comprehensive list of monthly searches carried out by the management team which was used to find out if any patients required ongoing monitoring, regular blood tests and reviews. The patient will then be contacted to arrange an appointment. The practice had also carried out an audits of the triage system. Prior to the triage system patient would have to wait between 79 and 135 minutes for a callback. The new system demonstrated that the time to receive a call back had been reduced to 36 minutes on average. The triage system had also reduced the number of patients needing to be seen on the day of the call to see a GP.
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Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge to enable them to carry out reviews, for example, for people with long term conditions.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice had a system in place to identify and monitor training needs through the online training package system. However we found that there was no information on training provided by external providers, for example, basic life support, safeguarding, immunisations and vaccinations.
- The practice understood the learning needs of staff and provided protected time and training to meet them.
- Records of skills, qualifications and in house training were maintained. However there was no process in place to keep records for external training, for example, basic life support.
- On the day of the inspection there was no system of clinical supervision in place for nurses who worked in advanced roles such as triage.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with some ongoing support. This included an induction process, one-to-one meetings, appraisals, and support for revalidation.
- Most staff had received an appraisal within the last 12 months with the exception of the practice manager and assistant practice manager/clinical nurse lead.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- This included medical records and investigation and test results. We saw that test results were always reviewed by the end of the working day they were received.
- From the sample of patient records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services and when coordinating healthcare for care home residents. The practice peer reviewed all referrals to ensure they were appropriate and sent in a timely manner. However we did not see any evidence that the practice had a process to monitor if the patients had received and attended an appointment. For example, in relation to two week waits.

Requires improvement

Are services effective?

- We saw that the practice had an effective recall system. They had a plan in place and carried out monthly searches to ensure that patients who required regular monitoring were called and offered and appointment.
- The practice told us that 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 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. This included patients in the last 12 months of their lives, carers and patients at risk of developing a long-term condition.
- 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.
- The practice carried out memory tests so that patients at risk of dementia were identified and a referral made to secondary care for an assessment.
- There was information available in the waiting room which held an array of information to support patients to help themselves to live healthy lives.

Consent to care and treatment

The practice told us they 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. We found that staff were aware of the Mental Capacity Act 2005 and the Fraser Gillick Competencies and their duties in fulfilling them.
- We found that the practice carried out minor surgery procedures. No audits had been carried out in relation to minor surgery or for the monitoring of the process for consent.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Staff treated patients with kindness, respect and compassion.
- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care.
- Information for patients about the services available was accessible.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from Care Quality Commission comments cards completed by patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the July 2017 national GP patient survey showed mixed results. In a number of questions the practice was performing below local and national averages for its satisfaction scores on consultations with GPs and nurses. 220 surveys were sent out and 110 were returned. This represented about 1.6% of the practice population.
- All 14 Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of and gave us examples of when they used the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- We were told that the when patients registered at the practice they were asked if they required any particular communication aids and easy read materials and staff endeavoured to communicate with people in a way that they could understand
- Staff told us that interpretation services were available for patients who did not have English as a first language. However we did not see any saw notices in either of the medical centre reception areas informing patients this service was available.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (1.2% of the practice list). We did not see any written information available in the waiting room to direct carers to the various avenues of support available to them. On the practice website information was available on carers support group.
- The PPG had set up an outreach group called Here4U. It was originally established for carers of patients with dementia so that these people could meet with others in similar situations. This had been extended and anyone who was a carer and the person they care for could attend. They ran a number of activities which included computer literacy classes, cookery and jigsaw making.
- The practice told us they were in the process of working towards The Carer's Charter Quality Award 'You Care – We Care' which will ensure that the profile of unpaid carers in Lincolnshire is raised and the invaluable and essential contribution they make is recognised enabling carers to live fulfilling lives combined with their caring roles.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Results from the July 2017 national GP patient survey showed mixed results. In a number of questions the practice was performing below local and national averages for its satisfaction scored on their involvement in planning and making decisions about their care and treatment. The practice were aware of the data and had an action plan in place but it did not cover the questions in relation to access, care and treatment. Since the inspection the practice have told us that the triage system put in place in April 2017 was to cover all the areas highlighted in the national GP survey that were below CCG and national average.

Privacy and dignity

The practice respected patients' privacy and dignity.

Requires improvement

Are services caring?

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they would endeavour to offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. The practice followed the NHS zero tolerance policy with regard to violence and abuse at the practice

Please refer to the Evidence Tables for further information

Requires improvement

Are services responsive to people's needs?

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

The practice was rated as requires improvement for responsive because:

- The practice understood the needs of its population and tailored services in response to those needs.
- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care.
- Patients told us they were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Complaints and concerns were taken seriously and responded to appropriately.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice operated a total triage system so that patients can be seen or called back for acute or routine issues on the day of their call. The practice had carried out audits of the triage system. Prior to the triage system patient would have to wait between 79 and 135 minutes for a callback. The new system demonstrated that the time to receive a call back had been reduced to 36 minutes on average. The triage system had also reduced the number of patients needing to be seen on the day of the call to see a GP.
- Telephone triage also supported patients who were unable to attend the practice during normal working hours.
- There were accessible facilities, which included a hearing loop, and interpretation services available. On the day of the inspection we saw that building work was in progress and every effort had been made to ensure the safety of patients, staff and visitors.
- The practice had made reasonable adjustments for disabled people as per national guidance. For example, a ramp to access the building and a doorbell to seek attention.
- There was a self-check in system which had the ability to be translated into multiple different languages for those patients where English was not their first language.
- The practice offered extended hours and these appointments were prebookable.
- Home visits were available for those who were not able to attend the practice.
- The practice sent text message reminders of appointments and test results.
- The practice provided care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service.

Older people:

- All patients had an allocated named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice provided primary care services to seven local care homes. GPs visited on a regular basis to review service users and any urgent requests were also carried out. Dispensary staff were also allocated to a specific are home to ensure consistency and continuity of care. Care homes we spoke with were positive and felt they were well looked. Having a regular GP visit meant their medical needs were being met.
- The practice offered home visits to their housebound patients, not just for acute issues but also for routine monitoring of their long term conditions.
- The practice had a process in place to assess and case manage older people over the age of 65 who were frail and the severity of the condition. This enabled them to select the most appropriate care to meet those needs. These patients were on a frailty register and received regular reviews which included a falls assessment and review of medicines.
- The practice offered a free prescription and dressing delivery service to their dispensing patients.

People with long-term conditions:

Requires improvement

Are services responsive to people's needs?

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice provided us with data that showed that 96% of patients on repeat prescriptions who took one to three medicines and 96% of patients who took four medicines or more had received a medicine review.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice made referrals, where appropriate, to the community specialist teams and secondary care. They held regular multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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 a high number of accident and emergency (A&E) attendances. We were provided with information from the CCG which told us that the practice had very low attendances for A&E during working hours.
- The practice offered a triage system for emerging issues on the day. This was particularly useful to families with young children.
- Appointments were available outside of school hours and on the same day when necessary.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice were proactive in offering on-line services which included booking appointments and ordering repeat medicines.
- The practice offered a triage system for emerging issues on the day. This was particularly useful to working age people.
- The practice participated in the electronic prescription service so that patients could collect their medicines from a pharmacy of their choice.
- Text messaging service was available to patients to help reduce wasted appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 58 patients registered with a learning disability and 98% had received a review in the last 12 months.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode
- The practice had responsibility for a local nursing home which included GP beds. Many patients were admitted to this home for end of life care. This included patients registered temporarily with them from other practices.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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):

- 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 regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Requires improvement

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 national GP patient survey showed mixed results. In a number of questions the practice was performing below local and national averages for its satisfaction scores on how they could access care and treatment. 220 surveys were sent out and 110 were returned. This represented about 1.6% of the practice population.

The practice were aware of the data and had an action plan in place but it did not cover the questions in relation to access, care and treatment.

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.

- There was a designated responsible person who handled all complaints in the practice.
- We did not see any information in the waiting area to help patients understand the complaints system.
- The practice website contained information and advice on complaints which could be found under the practice policies section. It also contained advice on how to access advocacy services.
- From minutes of meetings we looked at on the day of the inspection we saw that complaints were discussed but did not find any evidence of lessons learned were shared with staff.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

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

- The arrangements for governance and performance management did not always operate effectively.
- Risks were not always dealt with appropriately or in a timely way.
- We found that the leadership needed to be strengthened and the GP partners needed to demonstrate strong leadership in respect of safety and good governance.
- The practice had some awareness of the duty of candour however some of the systems and processes in place were not effective and did not ensure compliance with the relevant requirements.
- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, patient safety alerts, monitoring of the cold chain, checking of emergency medicines and equipment, sepsis awareness.
- There was limited evidence of quality improvement including clinical audit
- There was a limited approach to obtaining the views of people who used the service and staff.

Leadership capacity and capability

We found that the partners and practice management team were experienced in the delivery of care but some of the systems and processes in place were not established or operated effectively to ensure compliance with good governance.

They were positive about future plans and recognised they needed more GPs and were actively seeking a new GP partner. However, we found that the leadership and clinical oversight needed to be strengthened and the GP partners needed to demonstrate strong leadership in respect of safety and good governance.

The practice had some awareness of the duty of candour however some of the systems and processes in place were not effective and did not ensure compliance with the relevant requirements. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Vision and strategy

- We looked at the practice website. They identified that their practice vision was to practice truly patient-centred care where what is important to the patient is fundamental to any decision making.
- The practice did not have a documented strategy but at the inspection articulated plans for the future regarding increased consulting rooms once the building work was done and the potential for more external organisations to provide services for patients registered at the practice.
- The practice had formalised arrangements in place, such as partner meetings, clinical meetings, workload meeting, monthly safeguarding and palliative meetings and quarterly full practice meetings. We reviewed meeting minutes of these meetings and found the minutes would benefit from more detail to include the discussion that has taken place, actions, person responsible and learning to be shared with others.
- There was no evidence of joint development discussions with patients, staff and external partners.

Culture

The practice did not always demonstrate it had a culture of high-quality sustainable care.

- Most staff we spoke with told us they felt respected, supported and valued.
- The practice staff told us they were focussed on the needs of the patient's however there were areas where performance was below local and national averages.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us they had confidence that these would be addressed.
- The practice had some awareness of the duty of candour however some of the systems and processes in place were not effective and did not ensure compliance with the relevant requirements. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. Most 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. Whilst they were given protected time for professional development we did not see any evidence of clinical supervision for those that carried out extended roles, for example, telephone triage.
- Most staff had received equality and diversity training
- On the day of the inspection we observed positive relationships between staff and teams.

Governance arrangements

On the day of the inspection we found that Littlebury Medical Centre had governance arrangements in place to support the delivery of their strategy but some of the systems in place to monitor quality and make improvements were not effective.

- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, patient safety alerts, monitoring of the cold chain, checking of emergency medicines and equipment, sepsis awareness.
- There were some arrangements for identifying, recording and managing risks but not all had been assessed and well managed. For example, fire safety and legionella, medicine delivery service and blinds at some of the treatment room windows.
- The system in place to safeguard service users from abuse and improper treatment needed further work as the lead GP was not able to tell us who was on the safeguarding register and whether siblings of patients on the register had an icon/alert in place.
- The practice operated a total triage system so that patients can be seen or called back for acute or routine issues on the day of their call. This had reduced the waiting times to see a GP.However we were told that the practice nurses had not received any specific training in minor illness and/or telephone triage to carry out this role. Furthermore there were no clear triage policy/ guidelines in place to ensure patient safety.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- There was limited evidence of quality improvement including clinical audit. However clinical meetings took place on a regular basis.
- From meeting minutes we reviewed we did not see that the meetings structure allowed for lessons to be learned and shared in relation to patient safety alerts and NICE guidance. Minutes of the meetings did not fully reflect the discussion that had taken place.
- We found there was limited actions in place to improve patient satisfaction in relation to the national patient survey.
- On the day of the inspection, from records we reviewed and staff we spoke with we found no evidence that full practice meetings were held in order for staff to have an opportunity to learn about the performance of the practice. We also found that separate dispensary meetings did not take place.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

Managing risks, issues and performance

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

- On the day of the inspection we found that the practice did not have an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders did not have complete oversight of patient safety alerts.
- There was limited evidence that quality improvement which included clinical audit was driving change within the practice or having a positive impact on the quality of care and outcomes for patients.
- Improvement was needed to manage performance of the practice. During the inspection we identified that the practice needed to review the process for exception reporting to identify if there was incorrect read coding which meant that the practice's QOF data was inaccurate
- The practice manager had oversight of significant events, incidents and complaints.
- The practice had plans in place for major incidents.

Appropriate and accurate information

The practice needed to strengthen how it acts on appropriate and accurate information.

Requires improvement

Are services well-led?

- There was evidence of discussions in relation to quality and sustainability at a senior management level. We also found that there were discussions with the whole team related to such areas as significant events, complaints and safeguarding. Meeting minutes did not always provide full information on the discussion and actions that had taken place.
- Quality and operational information was used to ensure and improve performance. There was some evidence of the practice reviewing information provided by the South Lincolnshire CCG at their quality assurance visit on 24 November 2017 and acting on this, for example, identified a carers champion, audit on the effectiveness of the new triage system. The CCG acknowledged that an audit had taken place and it was found that 75% of patients did not need to be seen. However there were still a number of areas that needed to be addressed, for example, learning disability health check update training, a focus on reduction on the prescribing of certain medications which included antibiotic prescribing.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required. For example, Datix.
- There were arrangements in place 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

The practice involved patients, the public, staff and external partners to support the delivery of services.

- At this inspection we saw evidence that the national patient survey data for July 2017 had been reviewed. An action plan was in place. In response to patients not finding it easy to get through by phone , the practice had put in a new telephone system calls had been monitored and a further three telephone lines had been put in to reduce the amount time patients had to wait to speak to the reception team. In response to patients not being able to see their preferred GP, the triage system had been put in place which had reduced the number of on the day appointments required. However not all areas where results were lower than CCG or national average had been identified and actions put in place to address these. The practice had not carried out their own survey to gain their own patient feedback and put an action plan in place to address the areas of concerns raised by patients.
- We were told that the practice had an active patient participation group (PPG). On the day of the inspection we were not able to speak to any members of the PPG but the management team told us they were always interested in developments at the practice
- The practice consulted with PPG members. For example, in respect of proposed changes to services.
- The PPG had set up an outreach group called Here4U. It was originally established for carers of patients with dementia so that these people could meet with others in similar situations. This had been extended and anyone who was a carer and the person they care for could attend. They ran a number of activities which included computer literacy classes, cookery and jigsaw making.
- We reviewed the practice data for NHS Family and Friends (FFT). In December 2017, 92% of patients who completed a FFT card would recommend the practice, 95% in January 2018, 100% in February 2018 and 90% in March 2018.
- The practice had a process to record compliments received from patients. 14 had been received from July 2017 until the present date and all were very complementary about the care and treatment received.
- The management team told us that they had a staff welfare fund in place. Staff were able to ask for cash support if they experienced an unexpected financial situation which would be paid back at a rate the staff member could afford.

Continuous improvement and innovation

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

- The practice had been granted funding from NHS England's Estates and Technology Transformation Fund to enable the premises to be extended. On the day of the inspection building work was in progress to add additional consulting rooms and redesign the waiting room, reception and dispensary.
- The practice told us they had been involved in the early implementation of a process called OptimiseRX which

gave the GP specific messages at the point of care to deliver appropriate cost effective medications. They also told us they were an early implementer of the electronic prescription service.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.The provider must:- Improve the arrangements in place assessing and managing risks. For example, fire safety and legionella. Review the system in place for triage and ensure staff have had appropriate training and clinical supervision and a policy is in place to provide guidance to staff. Give staff appropriate training and guidance on Sepsis Awareness. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. The provider must:-Put in place an effective system to regularly assess and monitor the quality of the service provided by the

This section is primarily information for the provider

Requirement notices

practice.Improve the system in place for receiving and acting on patient safety alerts.Ensure risks to patients are assessed, reviewed and well managed. For example, risk assessments for the general office environment, control of substanceshazardous to health (COSHH).Improve the system in place for the monitoring of emergency equipment and medicines.Update business continuity planwith risks mitigated.Review the leadership of the dispensary, to include the recording of near misses, taking action when there is a breach of the cold chain and consider dispensary meetings to ensure staff are kept up to date.Have a clear audit programme with completed audit cycles to improve the quality of patient outcomes.Review the process in place for Minor Surgery. For example, put in place cleaning schedules, audits on minor surgery and consent.Ensure staff have appropriate policies and guidance in place to carry out their role in a safe and effective manner which are reflective of the requirements of the practice. For example, Triage, Sepsis, minor surgeryImprove meeting minutes to ensure areas such as patient safety alerts and NICE guidance. Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback isresponded to.Improve the leadership and clinical oversight to ensure effective governance systems are in place. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.