

Long Bennington Medical Centre

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	Good	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 Long Bennington Medical Centre on 24 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However themes and trends were not reviewed to ensure actions were taken in a timely manner.
- Risks to patients were assessed and well managed.
- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review themes and trends from significant events to ensure actions were undertaken in a timely manner.

Summary of findings

- Ensure the safeguarding register is current and up to date
- Ensure that all necessary emergency medicines are available for use at all times.
- Embed a system for the identification of carers.
- Put a system in place to monitor QOF in relation to exception reporting to ensure actions are taken where required.
- Put a process in place to check medicines in the dispensary are within their expiry date and suitable for use.
- Embed a system to review standard operating procedures (SOP) and processes and monitor their use.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Lessons were shared. However we found on the day of the inspection that themes and trends from significant events were not reviewed to ensure actions were undertaken to improve safety in a timely manner. For example, picking wrong medicines within the dispensary.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the January 2016 national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had open surgeries every morning which meant that patients who needed to be seen on the day were guaranteed to be seen by a GP. The practice also offered extended hours on a Monday and Thursday evening from 6.30pm to 8.30pm for working patients who could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 30% of patient registered with the practice are 65 years of age and over.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Staff had completed care plans for 2.53% of patients who had been assessed as being at risk which was above the national average of 2%.
- The practice signpost to various organisations including Age UK and the staff liaise closely with the District Nurses.

People with long term conditions

Good



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

- GPs and the practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.7% which was 0.4% above the CCG average and 1.3% above the national average. Exception reporting was 1.9% which was 3.3% below CCG average and 3.3% below national average.
- The practice encouraged its patients to attend national screening programmes. For example, 85.3% of patient with diabetes attended for eye screening. This was above the CCG average of 83.3% and national average of 80%.
- The practice told us 24.4% of patients who were on four medicines or more had received a medicine review in the last 12 months which is below CCG and national average.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

- 17% of patients registered with the practice are under 16 years of age.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to CCG and national average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- Six week baby checks and 8 week old childhood immunisations are carried out at the practice.
- The practice offers a full range of emergency and continuous contraceptive service. For example, chlamydia screening packs and contraception advice.
- The practice's uptake for the cervical screening programme was 88.2%, which was above the CCG average of 80.9% and the national average of 80%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel screening was 68% which was above the CCG average of 60.8% and national average of 60%. The practice uptake for breast screening was 73.7% which was slightly below the CCG average of 75.8% but above the national average of 70%.

Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel screening was 68% which was above the CCG average of 60.8% and national average of 60%. The practice uptake for breast screening was 73.7% which was slightly below the CCG average of 75.8% but above the national average of 70%.
- 51% of working age patients had their blood pressure checked in the last year.
- The practice maintained their website and offered information to patients via a newsletter. They also had a Twitter account to notify patients with information about the practice and general health promotion advice.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people 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.
- 90.9% of patients with a learning disability had received a review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, St Barnabas Lincolnshire Hospice and Cruse Bereavement Care.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered support to carers and to those who were bereaved.
- The practice look after patients registered with the practice who stay in the Hospice in a Hospital in Grantham.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 84.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 87.5% of patients with depression had their care reviewed in a face to face meeting in the last 12 months.
- Only 66.6% of people experiencing poor mental health had received an annual physical health check in the last 12 months.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the last 12 months was higher than the CCG average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, Mood juice.
- The practice refer patients to the Single Point of Access (SPA) and Improving Access to Psychological Therapies (IAPT)

Summary of findings

- The practice offered dementia screening to patients aged 65 and over. They also completed a memory and mood assessment using the Cantab cognitive tool for patients aged 50 to 90 years of age.
- Staff had a good understanding of how to support patients with mental health needs and dementia. We saw that the practice had a dementia awareness update at a recent practice learning day attended by all staff.

Summary of findings

What people who use the service say

The national patient survey results were published on 7 January 2016. The results showed the practice was performing well above in most areas compared to local and national averages. 236 survey forms were distributed and the practice had a return rate of 61%.

- 96% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 92% with a preferred GP usually get to see or speak to their preferred GP compared with a CCG average of 59% and a national average of 59%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 99% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 94% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.

- 58% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 73% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards all were overwhelmingly positive about the standard of care received. Comments cards we reviewed told us that the service was exceptional, excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were caring and helpful and treated patients with dignity and respect. One comment card had a negative comment in regard to blood tests. We spoke with the practice who told us they would look into the concern.

We also spoke with a member of the community midwifery team who told us that communication at the practice was excellent. The midwife was able to discuss any concerns with the GP partners and they would always fit in any patients who did not have an appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- Review themes and trends from significant events to ensure actions were undertaken in a timely manner.
- Ensure the safeguarding register is current and up to date
- Ensure that all necessary emergency medicines are available for use at all times.
- Embed a system for the identification of carers.
- Put a system in place to monitor QOF in relation to exception reporting to ensure actions are taken where required.
- Put a process in place to check medicines in the dispensary are within their expiry date and suitable for use.
- Embed a system to review standard operating procedures (SOP) and processes and monitor their use.

Long Bennington Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Long Bennington Medical Centre

Long Bennington Medical Centre provides primary medical services to approximately 5,804 patients in Long Bennington and its surrounding villages. The practice dispenses medicines to 96% who are registered with the surgeries. The practice over 23 villages in the local area.

At the time of our inspection the practice employed four GP partner (two male and two female), and one locum GP (female), a Practice Manager, one deputy practice manager, one finance manager, three practice nurses, one health care assistant, one dispensary manager, four dispensers and 10 reception and administration staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is Long Bennington Medical Centre, 10 Valley Lane, Long Bennington, Newark, Notts NG23 5FR

The practice currently has two branch surgeries:-

Allington Village Hall, 3 The Hawthorns, Allington Gardens, Grantham NG32 2FS

Hougham and Marston Village Hall, Main Street, Marston, Lincolnshire NG32 2HH

Long Bennington Medical Centre is open from 8am to 6.30pm Monday to Friday with emergency access to a doctor available between 8.00am and 8.30am, and 6.00pm and 6.30pm Monday to Friday. The practice have open surgery (sit and wait) every morning where patients can attend the practice and are guaranteed an appointment to be seen by a GP. GP appointments are available from 9-12 noon and 3.30pm to 5.30pm Monday to Friday. A variety of nurse and health care assistant appointments were also available very day. Patients can book appointments by phone, online or in person. Appointments could be booked up to four weeks in advance.

The practice also have branch surgeries at Allington and Marston where patients can be seen by a GP. Long Bennington Medical Centre have put in an application to NHS England to close both of the branch surgeries and on the day of the inspection no final decision had been made.

The practice provide extended hours surgeries on Monday and Thursday evenings between 6.30pm and 8.00pm. These appointments were particularly useful to patients with work commitments.

The dispensary is open Monday to Friday 8.30am to 6pm. They offer a dispensary service to patients who are registered with the practice

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group

Detailed findings

(SWLCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated by changing the language options. This enabled patients where English is not their first language to read the information provided by the practice.

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

Long Bennington Medical Centre, 10 Valley Lane, Long Bennington, Newark, Notts NG23 5FR

We also visited the branch surgery at Allington Village Hall, 3 The Hawthorns, Allington Gardens, Grantham NG32 2FS

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

The practice were registered with the Care Quality Commission but the registration certificate had not been updated since a new GP partner had joined the practice in July 2015. We spoke with the management team who told us that they were in contact with CQC in order to progress a new registration certificate.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke to three patients in regard to the dispensary. They told us it was a brilliant service and medicines always ready when we need them.
- We spoke with one member of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw that the practice carried out an analysis of the significant events and discussed them at practice and staff meetings. However we found on the day of the inspection that themes and trends from significant events were not reviewed to ensure actions were undertaken to improve safety in a timely manner. For example, review of dispensing errors, in order to prevent any further medicine errors.
- Dispensary staff were able to describe the process for reporting significant events and we saw that individual significant events were discussed within practice management meetings. A recent significant event was being investigated fully and we saw evidence that the surgery had informed relevant external bodies as well as reported this via the National Reporting and Learning System.
- Medicines safety alerts were received by the practice manager and disseminated to relevant staff. We saw evidence of medicine recalls being seen and actioned by dispensary staff. Where a change to clinical practice was indicated we saw that these were discussed at practice meetings and patients were reviewed appropriately.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were

discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a MHRA alert the practice carried out audit on a medicine that prevents your body from absorbing too much salt. The practice found it all patients on this particular medicine were being managed and monitored appropriately.

Overview of safety systems and processes

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

- There was a lead member of staff for safeguarding. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the nursing team to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had recently introduced cleaning schedules but on the day of the inspection they did not have any evidence cleaning spot checks had taken place. There was an infection control policy in place and staff had received up to date training. Annual infection

Are services safe?

control audits were undertaken. The practice did not have an action plan but we saw evidence that actions had been or were in the process of being taken to address any improvements identified as a result.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant did not administer any form of vaccinations but the practice nurse used patient specific directions from a prescriber.
- There was a named GP responsible for the dispensary. Dispensary staff and GPs described effective daily communication and the dispensary lead GP was described as providing pro-active support to the new dispensary manager.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. The practice conducted an annual audit of aspects of the dispensing process and was able to show evidence of an audit of workload in the dispensary and an action plan.
- We saw Standard Operating Procedures for the dispensary which were regularly reviewed although the significant events reported demonstrated these were not always being followed. The dispensary manager is very new in post and advised she has prioritised these for urgent review.
- All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- There was no specific process in place to check medicines in the dispensary were within their expiry date and suitable for use. However all stock we checked in the dispensary was in date.
- By talking to staff and looking at error logs we established that dispensing errors were being recorded but near misses were not consistently reported which meant that trends could not be identified and monitored. We saw evidence that a new system was being established to address this.

- The dispensary staff used electronic barcode check system as a second check mechanism to reduce the risk of dispensing errors.
- There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and stock levels were checked weekly.
- Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- Records showed that dispensary fridge temperatures were checked daily which ensured medicines were stored at the appropriate temperature to remain effective and safe. The practice did not have a clear cold chain policy to provide guidance to staff or which detailed the process to ensure that medicines were kept at a regular temperature and described the action to take in the event of a potential failure. However dispensary and nursing staff were able to describe the actions to take in the event of a fridge failure.
- Repeat prescriptions were managed by the dispensary team who followed a robust process when a medication review was due, ensuring medication was reviewed by GPs prior to prescriptions being re-authorised.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in practice corridor which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Are services safe?

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as slips, trips and falls, lone worker, electrical safety, control of substances hazardous to health.
- The practice had a legionella testing certificate carried out in April 2015. We saw evidence that a further risk assessment by an external company was planned for 11 July 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a policy for legionella to provide staff with guidance
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Long Bennington Medical Centre had put in an application to NHS England to close both of the branch surgeries. Although we did not see any written risk assessments the practice had mitigated the risks by limiting the appointments to minor ailments and medication reviews. Patients would have to attend the main surgery for further examination and to collect their medicines from the dispensary. Since the inspection we have been informed by NHS England that the application to close both branch surgeries had been approved and they will close on 30 September 2016. The practice will continue to ensure that only patients with pre-booked appointments will be seen at the branch surgeries and patients with acute or sudden illnesses will be seen at the main practice in Long Bennington.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen cylinders were in place for both adult and children with the appropriate oxygen masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We found that one specific emergency medicine was not available on the day of our inspection but this was rectified as soon as the omission was identified.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.5% of the total number of points available, with 6.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.7% which was 0.4% above the CCG average and 1.3% above the national average. Exception reporting was 1.9% which was 3.3% below CCG average and 3.3% below national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 73.7% which was 4.3% below the CCG average and 1.6% below the national average. Exception reporting was 18% which was 12.6% above the CCG average and 10.5% above the national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 83.9% which was 2.1% below the CCG average and 0.3% the national average. Exception reporting was 1.3% which was 2.6% below the CCG average and 2.5% below the national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 90.9% which was 2% above the CCG average and 1.1% above the national average. Exception reporting was 11.4% which was 2.6% above the CCG average and 0.3% above the national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87.5% which was 1.6% below the CCG average and 3.5% above the national average. Exception reporting was 3% which was 4.3% above the CCG average and 3% above the national average.
- The dementia diagnosis rate was 77.8% which was 4.1% below the CCG average and 3.7% below the national average. Exception reporting was 0% which was 5.9% below the CCG average and 8.4% below the national average.

We spoke with a GP partner in regard to QOF and the practice exception reporting. The practice was not aware of all the areas where performance was not in line with national or CCG figures and the GP partner told us they intended to address them. It was acknowledged that there were documentation and coding issues and it would be discussed with all the partners at the next practice meeting.

There was evidence of quality improvement including clinical audit.

- There had been 24 clinical audits completed in the last two years, seven of these were completed audits where the improvements made were implemented and monitored. For example, following a drug safety update from MHRA on 17 February 2016 for spironolactone. Patients were all found to have been monitored and had at least one blood test in the preceding 12 months. The practice plan to review in one year.
- The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance

Are services effective?

(for example, treatment is effective)

data from the practice and comparing it to similar surgeries in the area. The practice were low prescribers in comparison to the CCG. The practice was 0.95% which was slightly lower than the CCG average of 1.1%.

- Findings were used by the practice to improve services. For example, a review of patients with osteoporosis had increased the number on the register which had in turn increased the number sent for a dxa scan to measure bone density.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not provide evidence to demonstrate that all staff had received the training they needed to fulfil their specific roles. We saw a list of current staff and the face to face training that had been undertaken, for example, Mental Capacity Act, safeguarding adults, safeguarding children, complaints and infection control. However, there were gaps in training, for example, the GPs had not undertaken training in fire safety, chaperone, infection control, information governance or health and safety. Prior to the inspection the practice had booked infection control training for the whole practice team on 9 August 2016.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by external updates, access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually. Dispensary staff were supported to access mandatory and role specific training.
- We saw evidence of regular yearly appraisals for all staff with development plans for further learning. /we saw that the practice used the 360 degree system for appraisals which gave staff the opportunity to self-evaluate and receive direct feedback from supervisors and colleagues.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of external and in-house training.
- The practice had responded to poor or variable practice within the practice team. We saw detailed documentation was in place.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Staff had completed care plans for 2.53% of patients who had been assessed as being at risk which was above the national average of 2%.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw that the practice manager had attended a training session on Mental Capacity and deprivation of liberty safeguarding (DoLs) in July 2015. We saw minutes of a staff meeting in August 2015 where the information had been disseminated to all staff.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, For example, Quit51 for smoking cessation.
- The practice's uptake for the cervical screening programme was 88.2%, which was above the CCG average of 80.9% and the national average of 80%. There was a policy to contact patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme, for example, with information in the waiting room and on the back of the toilet door and ensured a female sample taker was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel screening was 68% which was above the CCG average of 60.8% and national average of 60%. The practice uptake for breast screening was 73.7% which was slightly below the CCG average of 75.8% but above the national average of 70%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 83% to 96%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 98% of patients eligible had a health check in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a privacy room to discuss their needs.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the January 2016 national patient survey showed a high level of satisfaction of patients with the practice. Patients felt they were treated with compassion, dignity and respect.

The practice was well above average for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 99% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Comments cards we reviewed told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 99% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (0.53% of the practice list). The practice had already identified that this was an area that needed improvement.

We saw evidence that they had contacted a support group who were going to attend the practice on 10 June 2016 to discuss how the practice can improve the number of carers registered at the practice. Written information was available, for example, Lincolnshire Wellbeing, to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited and if necessary a consultation would be arranged and advice given on support if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example,

- The practice had open surgeries every morning which meant that patients who needed to be seen on the day were guaranteed to be seen by a GP.
- The practice offered extended hours on a Monday and Thursday evening from 6.30pm to 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available if required.
- The practice had plans to further improve access for patients with a disability by the provision of two automatic doors internally to the waiting room. They also had plans to provide a patient self-service machine to perform their own tests, for example, blood pressure monitoring, which would then upload instantaneously into their patient record.

Access to the service

Long Bennington Medical Centre was open from 8am to 6.30pm Monday to Friday with emergency access to a doctor available between 8.00am and 8.30am, and 6.00pm and 6.30pm Monday to Friday. The practice had open surgery (sit and wait) every morning where patients could attend the practice and were guaranteed an appointment to be seen by a GP. GP appointments were available from 9-12 noon and 3.30pm to 5.30pm Monday to Friday. A variety of nurse and health care assistant appointments were also available very day. Patients could book appointments by phone, online or in person. Appointments could be booked up to four weeks in advance.

The practice also had branch surgeries at Allington and Marston where patients could be seen by a GP. Long

Bennington Medical Centre had put in an application to NHS England to close both of the branch surgeries and on the day of the inspection no final decision had been made. Since the inspection we have been informed by NHS England that the application to close both branch surgeries had been approved and they will close on 30 September 2016. The practice will continue to ensure that only patients with pre-booked appointments will be seen at the branch surgeries and patients with acute or sudden illnesses will be seen at the main practice in Long Bennington.

The practice provided extended hours surgeries on Monday and Thursday evenings between 6.30pm and 8.00pm. These appointments were particularly useful to patients with work commitments.

The practice offered on site dispensary service to patients who were registered with the practice

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

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 92% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example summary information leaflet available in the waiting area and information on the practice website.

The practice had four complaints in 2015. We looked at three complaints found the practice dealt with them in a timely way with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, for messages left on a patient's answerphone a message to be used by all staff was agreed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Within the practice information leaflet they a mission statement to treat all patients promptly, courteously and in complete confidence with friendly and welcoming surroundings.
- The practice had strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a five year plan which included the review of nurse provision and recruit an apprentice. In light of the recent changes in staffing in the dispensary and the planned closure of the branch surgeries the practice were planning a full review of the dispensary service. This would involve consideration of a delivery service and a review of dispensary staffing levels.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a system in place to report, record and analyse significant events. However we found the practice had not reviewed themes and trends to ensure actions are undertaken in a timely manner.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained with the exception of QOF and exception reporting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us and we saw evidence that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff we spoke with said they felt respected, valued and supported, particularly by the partners and practice manager in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), Friends and Family Testing (FFT) and complaints received. The practice also have a suggestion box located on the

Are services well-led?

Good 

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

reception desk. The PPG met regularly every two months and submitted proposals for improvements to the practice management team. For example, automatic doors from main entrance into the waiting area.

- The practice had gathered feedback from staff through meetings, appraisals and monthly protected learning days.
- The practice encourages on-going feedback from patients and staff and regularly audit the quality of care they provide. It had undertaken a review of patient feedback from NHS Choices, National patient survey and Family and Friends testing. Overall the results were extremely positive. One area that patients were concerned about was the waiting time to see a GP. This is due to the open surgery which ran every morning and patients are not given an appointment but are guaranteed to see a GP on the day. The practice will continue to monitor this area to see if any improvements can be made.

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

Continuous improvement

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

The practice had recently installed a new electronic clinical patient record system called SystmOne, which was up and running on the day of the inspection. SystmOne had also provided the practice with an improved communication system with out-of-hours and members of the multi-disciplinary teams. It also allowed patients to manage their appointments, request repeat medication and update their contact details.