

The Welby Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to The Welby Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Welby Practice on 9 August 2017.

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.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety and legionella.
- Staff we spoke with were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the July 2017 national GP patient survey showed patients felt involved in planning and making decisions about their care and treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Quality improvement had been carried out but we saw limited evidence that audits were driving improvements to patient outcomes.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Complete the work required to ensure staff and patients are safe. For example, in regard to remedial actions for fire safety and legionella. Advise the Care Quality Commission when the work has been completed.

Summary of findings

- Complete the medication reviews for patients on medicines for NSAIDS and anti-coagulation medicines to ensure the safe prescribing and monitoring of medicines for patients.
- Review the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines embed the new process for clinical meeting minutes to include safety alerts and updates on NICE guidance.
- To strengthen the system for clinical audits and include more structure and a fuller analysis to ensure quality improvement.
- Ensure all staff have completed safeguarding training relevant to their role.
- Ensure all staff have access to meeting minutes.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety and legionella.
- Staff demonstrated that they understood their responsibilities and most staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had effective procedures in place to manage infection control and reviewed standards of cleanliness on a regular basis.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework for 2015/16 showed that the practice were below CCG and national average in a number of clinical indicators. Significant improvement had taken place in the practice since the 2015/16 QOF results had been published. The practice told us that they had improved their overall score from 80.8% to 2016/17 score of 97% of the total number of points available. This had not been verified at the time of the inspection.
- Staff we spoke with told us they were aware of current evidence based guidance. However we did not see any evidence documented that systems were in place to keep all clinical staff up to date.
- There was evidence of quality improvement including clinical audit. We found that the audits would benefit from more structure and detailed analysis together with action plans to monitor implementation of any recommendations.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the July 2017 national GP patient survey showed results for the practice were comparable or above the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:
- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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



- 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, patients were able to access on the day appointments from either the practice or the two branch surgeries. Extended hours were offered on a Thursday evening from 6.30pm to 8pm.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from complaints we reviewed 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.

- 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 policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety and legionella.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- 9% of patients are over 75 years of age.
- 4.1% of patients who had been assessed as being at risk had a care plan in place which was above the national target of 2%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the out-of-hours service.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term 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 74% which was 17% below the CCG average and 17.3% below the national average. Exception reporting was 6.7% which was 2.2% above the CCG average and 1.2% above the national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All patients with a long term condition had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- From the sample of documented examples we reviewed 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.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds was 100% and 92% for five year olds age group.
- The practice's uptake for the cervical screening programme was 76%, which was slightly below the CCG average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of antenatal, postnatal and child health surveillance clinics.

Working age people (including those recently retired and students)

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

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable and 100% of patients had received a review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability. The practice had seven patients with a learning disability and 43% had received a review of their care in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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)

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

Good



- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months the CCG average and 3.9% above the national average
- On the day of the inspection we found that the practice had 15 patients who experienced Mental Health and 93% had receive a review of their care in the preceding 12 months.
- The percentage of patients diagnosed with depression whose care has been reviewed in the preceding 12 months was 96% which was comparable with CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. 237 survey forms were distributed and 120 were returned. This represented a 51% response rate and 0.8% of the practice's patient list. The practice had mixed results compared to CCG and national averages.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 71%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 84%.

- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were positive about the standard of care received. Comments cards we reviewed told us the practice offered an excellent service where staff greeted you with a smile. Staff were also described as friendly and helpful and responded

Areas for improvement

Action the service **SHOULD** take to improve

- Complete the work required to ensure staff and patients are safe. For example, in regard to remedial actions for fire safety and legionella. Advise the Care Quality Commission when the work has been completed.
- Complete the medication reviews for patients on medicines for NSAIDS and anti-coagulation medicines to ensure the safe prescribing and monitoring of medicines for patients.

- Review the current systems in place to ensure all clinicians are kept up to date with national guidance and guidelines embed the new process for clinical meeting minutes to include safety alerts and updates on NICE guidance.
- To strengthen the system for clinical audits and include more structure and a fuller analysis to ensure quality improvement.
- Ensure all staff have completed safeguarding training relevant to their role.
- Ensure all staff have access to meeting minutes.

The Welby Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Welby Practice

The Welby Practice provides services to approximately 4,569 patients. The Welby Practice is in the village of Bottesford and is situated in the Vale of Belvoir.

The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises.

The Welby Practice Bottesford employs a GP partner (male) and full time business partner, two salaried GPs (one male and one female). There is an acting practice manager, one advanced nurse practitioner, a nurse practitioner, two practice nurses, two health care support assistants, three dispensary staff and members of the administrative team.

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 Welby Practice has one location registered with the Care Quality Commission (CQC) which is: - The Welby

Practice, 25 Walford Close, Bottesford. NG13 0AN. They also have two branch surgeries, at Swine Hill, Harlaxton, Grantham. NG32 1HT and Bescaby Lane, Waltham On The Wolds, Melton Mowbray, LE14 4AB.

The location we inspected on 9 August 2017 was The Welby Practice, 25 Walford Close, Bottesford. NG13 0AN We also visited the branch surgeries at Swine Hill, Harlaxton, Grantham. NG32 1HT and Bescaby Lane, Waltham On The Wolds, Melton Mowbray, LE14 4AB.

The Welby Practice was open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday. Wednesday 8am to 12.30pm. Extended hours every Thursday from 6.30pm to 8pm.

The branch surgery at Swine Hill, Harlaxton, Grantham. NG32 1HT was open Monday, Wednesday and Thursday 8am to 12.30pm, Tuesday 8.30am to 12.30pm and all day Friday.

The branch surgery at Bescaby Lane, Waltham On The Wolds, Melton Mowbray, LE14 4AB. was open Monday 8am to 6pm, Tuesday and Friday 8.30am to 6pm, Wednesday 8.30am to 6.30pm and Thursday 8am to 12.30pm.

There were various options available which enable patients to get advice or appointments with the clinical team. GP and Nurse Practitioner appointments can be booked in advance along with a number of same day only and telephone consultations.

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

Detailed findings

The Welby Practice had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

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, NHS England and the SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG) to share what they knew.

We carried out an announced visit on 9 August 2017.

During our visit we:

- Spoke with a range of staff
- Observed how patients were being cared for in the reception area.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views
- and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 for reporting and recording significant events.

- Prior to our inspection we requested information about significant events in the previous 12 months. We were sent two summaries of significant events covering the year 2016 and 2017 to current date. The practice had documented 18 significant events.
- On the day of our inspection staff we spoke with explained the process for reporting a significant event and told us they would complete a significant event form or inform the acting practice manager of an event. 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 there was a significant event policy and procedure which had been reviewed in May 2017 and which provided guidance for staff.
- We reviewed a number of records of significant events and found that the records documented learning, changes implemented and whether a further review was needed.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in response to a complaint and significant event in regard to missed blood test results. This was discussed at practice meeting and a new procedure was put in place.
- The practice also monitored trends in significant events and evaluated any action taken.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were managed in the same way throughout the practice; they logged efficiently and then reviewed promptly. This helped make sure appropriate actions

were taken to minimise the chance of similar errors occurring again. We saw evidence of changes implemented following an incident in one of the dispensaries to improve the safety and accuracy of the dispensing process.

- Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken. The practice demonstrated the use of IT to support ensuring all clinical staff were aware of relevant alerts. Following an alert detailing the risk to babies born to women taking certain medicines they had put in place safety steps to alert clinicians to potential risks of any medicine when prescribing for women of child bearing age.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding. We saw that the practice had regular safeguarding meetings. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three. Practice nurses were trained to level two. However we found that the Health Care Assistants had only completed Level One training. We brought this to the attention of the management team who told us they would ensure they complete level two on-line training.
- Staff in the dispensaries were also aware of their safeguarding responsibilities and were able to describe how to escalate and report a concern. Everyone we spoke to knew the name of the safeguarding lead GP and described them as very accessible.
- A notice in the waiting room and all the clinical rooms advised patients that chaperones were available if

Are services safe?

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 at the Bottesford practice and both branch surgeries to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The 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. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- 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. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines were supported to complete appropriate training and competence was checked regularly.
- The practice offered reviews of medicines use in line with the requirements of the DSQS. These were completed by the GPs as the dispensary staff did not routinely have access to an area to conduct confidential conversations. In the past, where a dispenser had conducted these reviews, they were able to use a consultation room and were supported by the ANP. The process in place ensured medicine reviews were undertaken by the clinicians in a timely fashion. This meant that patients only received medicines that remained necessary for their conditions.

- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- Systems were in place to ensure repeat prescriptions were signed before the medicines were dispensed and handed out to patients.
- All prescription requests for high risk medicines had to be authorised by either the GPs or an individual ANP to ensure appropriate monitoring had been conducted. We identified that warfarin was monitored by an external agency and the practice did not routinely check the results of monitoring prior to issuing prescriptions. The practice addressed this issue immediately it was identified.
- On the day of the inspection we found that not all patients on regular Non-Steroidal Anti-inflammatory Drugs (NSAIDS) had been offered a proton pump inhibitor (PPI) in line with NICE guidance to reduce the risk of gastro-intestinal side effect. We spoke with the management team who immediately ran a report from the patient electronic record system. 25 patients were found to be on a NSAID. The practice have now put a plan in place to review and see all of these patients in the next two weeks to discuss further treatment options. Further reports will be reviewed weekly reports until all eligible patients have been reviewed and information has been documented on the patient record system.
- A bar code scanner was in use to check the dispensing process however dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example medicines subject to extra checks and additional storage requirements due to their potential for misuse.
- The dispensary staff were able to offer weekly medicine blister packs for patients who needed this type of support and we saw that the process for packing and checking these was robust. Staff knew how to identify medicines that were usually unsuitable for these packs, consulted appropriate literature and conducted risk assessments to determine suitable courses of action for individual patients.

Are services safe?

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- 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, 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 with the controlled drugs accountable officer in their area.
- The practice had recently employed a pharmacist to work alongside the doctors and nurses to offer medicine reviews to patients and ensure prescribing was in line with best practice. This appointment was seen as a positive way to improve skill mix within the service and improve access for patients.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- We looked at the fire risk assessment undertaken by the acting practice manager on 12 May 2017. Risks had been assessed but we found that the practice and its two branch surgeries did not have emergency lighting in place. We spoke with the management team who immediately purchased 15 rechargeable torches as a short term measure to be used in the event of a fire or power failure. Management have also informed us that all staff have been updated. The management team have also booked an external company to complete a further fire safety risk assessment of the practice and its branch surgeries on 25 August 2017. We asked the practice to confirm to the Care Quality Commission (CQC) once the risk assessment and any remedial work has been completed. We found that regular fire alarm testing and fire drills had taken place. There were designated fire marshals within the Bottesford practice and the branch surgeries. There was a fire safety identification map which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a large variety of other risk assessments to monitor safety of the premises such as slips, trips and falls, privacy and dignity in the waiting room, blind cords, control of substances hazardous to health and infection control.
- We looked at the arrangements in place for the management of legionella. The practice had a legionella risk assessment in place for both the practice and its branch surgeries in order to mitigate the risk of legionella. (a bacterium which can contaminate water systems in buildings). However on the day of the inspection we could not see any evidence that the recommended actions had been implemented in order to mitigate the risk. Regular water temperature monitoring was carried out at the practice and the branch surgeries. Since the inspection the practice have sent further evidence that most of the remedial actions have been completed.

Monitoring risks to patients

Risks to patients were assessed and well managed, with the exception of those relating to fire safety and legionella.

- There was a health and safety policy available and a poster was visible in the Bottesford practice and the branch surgeries.

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients, for example, annual leave and sick leave.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians we spoke with told us they were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We did not see any evidence documented that systems were in place to keep all clinical staff up to date. The management team told us they would be made available on the practice intranet system going forward.
- Meeting minutes we looked at did not contain discussions on NICE guidance.

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 for 2015/16 were 80.8% of the total number of points available, with 9% exception reporting which was 6.6% CCG average and 0.9% above national average. (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).

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 74% which was 17% below the CCG average and 17.3% below the national average. Exception reporting was 6.7% which was 2.2% above the CCG average and 1.2% above the national average. We looked at the unverified data for 2016/17 and found that the practice now had a score of 83%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 57.3% which was 20.5% below the CCG average and 1.1% above national average. Exception reporting was

3.1% which was same as the CCG average and 18.3% below national average. We looked at the unverified data for 2016/17 and found that the practice now had a score of 72.3%.

- 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 70.5% which was 13.4% below the CCG average and 2.4% 12.4% the national average. Exception reporting was 3% which was 0.1% below the CCG average and 0.9% below national average. We looked at the unverified data for 2016/17 and found that the practice now had a score of 86.9%.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 76.7% which was 16% below the CCG average and 12.8% below the national average. Exception reporting was 10.4% which was 1.7% above the CCG average and 1.1% below 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 82.4% which 7.1% below the CCG average and 1.4% below the national average. Exception reporting was 10.5% which was 5.5% above the CCG average and 3.7% above national average.

Significant improvement had taken place in the practice since the 2015/16 QOF results had been published. The practice told us that they had improved their overall score from 80.8% to 2016/17 score of 94.5% of the total number of points available. This had not been verified at the time of the inspection. The practice had put in place a new toolkit that included a disease management recall system, consultation templates with QOF codes and had the ability to complete special drug monitoring reports and audits. A further benefit included the Accessible Information Standards communication template to ensure patients were able to receive the information in a way they could understand.

There was evidence of quality improvement including clinical audit:

- We looked at eight audits which had been carried out within the last 12 months. Two of which were full cycle. The practice had a programme of continuous audits to

Are services effective?

(for example, treatment is effective)

monitor quality and to make improvements. We found that the audits would benefit from more structure and detailed analysis together with action plans to monitor implementation of any recommendations.

- The dispensary staff had taken part in audit work. A recent audit examined the level of risk associated with their repeat prescribing process, this was defined as low risk and a re-audit was planned in two years. Another audit had examined prescribing of a medication to treat insomnia and re-audit had been completed demonstrating a reduction in prescribing in line with national guidance.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example diabetes, asthma and COPD.
- 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 under patient group directions could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The 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 for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. For example, chaperone training and mental capacity awareness.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- We found the practice had recently employed a practice nurse who was also the practice care co-ordinator. Their role enabled them to make decisions based on patient assessments and create or alter care plans based on individual needs.
- 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. Data we received from the practice identified that 3.43% of patients registered with the practice who were referred and seen in line with the two week wait for suspected cancer.
- We were told that 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. Information was shared between services, with patients' consent, using a shared care record. 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.
- 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. The practice told us they used the Gold Standard Framework approach and used a RAG rating which identified the stage of illness and anticipated the needs of the patient and the support. We were told and we saw that palliative care meetings took place on a regular basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- A physiotherapist and podiatrist regularly attend the practice.

The practice's uptake for the cervical screening programme was 76%, which was slightly below the CCG average of 80% and the national average of 81%. On the day of the inspection we did not see a policy in place to offer telephone or written reminders for patients who did not attend for their cervical screening test.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds was 100% and 92% for five year olds age group.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 60% of patients had been screened for bowel cancer which was below the CCG average of 70% and above the national average of 58%.
- 69% of patients had been screened for breast cancer which was above the CCG average 60% and below the national average of 72%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

13 Care Quality Commission comment cards we received were very positive about the standard of care received. Patients who completed these cards said the practice offered an excellent service where staff greeted you with a smile. Staff were also described as friendly and helpful and responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG). They told us the PPG were very well supported and listened to by the practice. They told us that a lot of changes had been put in place and staff worked well as a team and provided support when required. Comment cards aligned with these views.

Results from the July 2017 national GP patient survey showed results for the practice were comparable or above the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

In the month of June 2017 the practice had carried out a patient experience survey. 105 patients had responded which was 2.3% of the patients registered. For example,

- 92% of patients who responded found the receptionists helpful
- 79% of patients who responded found access to the surgery very easy
- 59% of patients who responded said they did not have to normally wait too long to be seen whilst
- 18% said they had to wait a bit too long. The practice have responded and informed patients that the team continues to expand and they now have an advanced nurse practitioner and a nurse practitioner at the surgeries who can see patients and prescribe medicines as required.
- 83% of patients found the surgery clean.
- 76% of patient who responded said they could overhear patients at reception but did not mind whilst 14% were not happy to be overheard. The practice have responded by having music playing in the reception area and patients have been reminded that should they wish to discuss something in confidence the staff will do their best to accommodate this.

The views of external stakeholders were positive and in line with our findings. Two care homes where some of the practice's patients lived praised the care provided by the practice, especially the nurse practitioners. However they also told us that when an acute visit was requested they had a nurse practitioner visit instead of a GP.

Are services caring?

Care planning and involvement in decisions about care and treatment

Results from the July 2017 national GP patient survey showed patients felt involved in planning and making decisions about their care and treatment. Results were comparable or above the local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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.

The practice website contained relevant and easily accessible information. It enabled patients to find information about health care services provided by the practice. Information on the website could be translated into many different languages for people whose first language was not English.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas which informed patients this service was available.
- 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).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (2.4% of the practice list). Information was available on the practice website to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, a patient consultation would be offered at a flexible time to meet the family's needs and enabled them to give advice on how to find a support service. The practice had a bereavement policy in place and information was available on the practice website to direct them to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday evening at the Bottesford practice until 8pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The Welby Practice was open from 8am to 6.30pm Monday, Tuesday, Thursday and Friday. Wednesday 8am to 12.30pm. Extended Hours every Thursday from 6.30pm to 8pm.

The Harlaxton branch surgery was open Monday, Wednesday and Thursday 8am to 12.30pm, Tuesday 8.30am to 12.30pm and all day Friday.

The Waltham on the Wolds branch surgery was open Monday 8am to 6pm, Tuesday and Friday 8.30am to 6pm, Wednesday 8.30am to 6.30pm and Thursday 8am to 12.30pm.

There were various options available which enable patients to get advice or appointments with the clinical team. GP and Nurse Practitioner appointments can be booked in advance along with a number of same day only and telephone consultations.

Results from the July 2017 national GP patient survey showed that most patients' were satisfied with how they could access care and treatment. The results were comparable or above local and national averages in most areas.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 71%.
- 68% of patients said that the last time they wanted to speak to a GP they were able to get an appointment compared with the CCG average of 57% and the national average of 56%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, complaints information on the practice website and a complaints leaflet. However we did not see a complaints poster in any of the waiting rooms.
- The practice had received 11 complaints in the last 12 months, ten of which were verbal complaints. We looked at two complaints and found that these had been satisfactorily handled with one being looked at through the practice significant event analysis process.
- Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a new procedure to ensure that blood results were dealt with appropriately.

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 develop and provide a full range of high quality, comprehensive, patient centred primary health care services to patients registered at the practice.

- The practice had a mission statement called ‘the Welby Way’ and staff knew and understood the values.
- We saw that the practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- In conjunction with the Lincolnshire local medical committee (LLMC) The Welby Practice had taken part in the recruitment of international GPs. Four new GPs were due to start in September 2017 and will work across a number of practices within the locality which included the Bottesford surgery.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, minor ailments and long term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were regularly held which provided an opportunity for staff to learn about the performance of the practice.
- The practice had completed the Information Governance Toolkit, an online system which allowed the management team to assess themselves or be assessed against Information Governance policies and standards. However on the day of the inspection we found that the management team did not have an overview of what their overall score was or if actions were required. During the inspection the acting practice manager

reviewed the completed submission and put an action plan in place. The practice had an information governance policy which was due for review on the day of the inspection.

- We found that the practice had paper patient records stored in the reception areas at the practice and the two branch surgeries. We found that most were in lockable shuttered steel cabinets. However at the Harlaxton branch surgery we found that the cabinets were full and some notes were stored on top. We spoke with the management team who have advised us that they will develop a central record storage facility within a locked room to ensure all records are stored securely in one place.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety and legionella. Since the inspection the practice had taken appropriate steps to complete the necessary fire safety requirements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 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. From the examples we reviewed we found that the practice had systems 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.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us and we saw 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.
- Minutes were detailed but not readily available for practice staff to view. The management team told us they would be made available on the practice intranet system going forward.
- Staff said they felt respected, valued and supported by the partners and management team.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and supported the practice to make improvements.
- the NHS Friends and Family test, complaints and compliments received

- staff through staff meetings, appraisals and discussion.
- Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff 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 GP partner was a GP Trainer and had first year students from Nottingham University. During the time at the practice the students learn about the management illnesses such as long term conditions, develop written and computer based clinical record keeping skills and learn about the role of other healthcare professionals in the Multi-Disciplinary team.

The practice had implemented a new web-based sharing system called GPTeamnet. It enabled the practice to store key information such as significant events, complaints, staff training, meeting minutes, policies and procedures and remove the need for duplication of information. It also enabled the management team to monitor when staff had read key documents.

The practice had recently implemented a cloud based telephone system which included 24 hour call recordings, the option for either the main practice or branches to answer the telephone and provide statistics so that the manage team can effectively manage patient demand.