

# Sleaford Medical Group

## Inspection report

47 Boston Road  
Sleaford  
Lincolnshire  
NG34 7HD  
Tel: 01529303301  
[www.sleafordmedicalgroup.co.uk](http://www.sleafordmedicalgroup.co.uk)

Date of inspection visit: 19 July 2018  
Date of publication: 14/09/2018

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

Sleaford Medical Group (the provider) had been inspected previously on the following dates:

- 13 April 2017 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months. Breaches of legal requirements were found in relation to governance arrangements within the practice. A warning notice was issued which required them to achieve compliance with the regulations set out in the warning notice by 24 August 2017.
- 20 September 2017 - A focused inspection was undertaken to check that they now met the legal requirements. As the practice had not made all the improvements to achieve compliance with the regulations a letter of concern was sent, and action plans were requested on a fortnightly basis to ensure the required improvements had been put in place.
- 19 December 2017 - inspection was undertaken following a six-month period of special measures and was an announced comprehensive. Insufficient improvements had been made and the practice were still inadequate overall and remained in special measures for a further six months. Conditions were added to the providers registration and we took action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This would have led to cancelling their registration or to varying the terms of their registration within six months if they did not improve. The service was kept under review.
- 20 March 2018 – inspection was undertaken to check that Sleaford Medical Group had now met the legal requirements of the Notice of Decision to impose conditions on their registration which was served on 22 December 2017 in relation to medication reviews. The practice had taken significant steps in order to ensure patients health was monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately. The Care Quality Commission removed the conditions from their registration and the notice of decision to cancel their registration was withdrawn.

Reports from our previous inspections can be found by selecting the 'all reports' link for Sleaford Medical Group on our website at .

This inspection was undertaken following a six-month period of special measures and was an announced comprehensive inspection on 19 July 2018.

**This practice is rated as Good overall.** (Previous rating December 2017 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

At this inspection we found:

- Sleaford Medical Group demonstrated that they had been responsive to the findings of the previous reports and were able to evidence that improvements had been made. We saw that clinical leadership had been improved and GP partners and practice staff we spoke with had been fully engaged in the changes that had been made. We spoke with external partners, for example, SouthWest Lincolnshire Clinical Commissioning Group who told us the practice had been engaged and supported they had provided support where appropriate.
- We found that the systems in place for reporting and recording significant events and complaints had been improved but further work was required to ensure the systems were effective.
- The practice had reliable systems for appropriate and safe handling of medicines.
- Patients' health was now monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Since the last inspection the practice had formed a new patient participation group who were very positive and told us the focus of the group was around engagement and improving services.

# Overall summary

- The practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe. Further time was required to ensure all the improvements were embedded.
- There was a new focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Continue to work to improve the process for significant events and ensure learning is discussed and documented.
- Complete remedial work in regard to fire safety and advise the Care Quality Commission when this has been completed.
- Embed the new processes for handling complaints to ensure complaints are dealt with in a timely way.
- Review the system for recording verbal complaints to ensure themes and trends are identified and discussed.

- Review the carers register to ensure it is accurate and up to date.
- Continue to embed the new process for nurse clinical supervision and ensure debriefs are minuted.
- Ensure all staff appraisals are completed and put in staff files for information.
- Work to improve and review patient satisfaction and respond to reviews where appropriate
- Improve the recruitment process to ensure that references and document checks on professional registration are routinely carried out.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

**Please refer to the detailed report and the evidence tables for further information**

## Population group ratings

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Advisor, 2nd CQC inspector, a member of the CQC medicines team, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Sleaford Medical Group

Sleaford Medical Group provides primary medical services to approximately 17,932 patients. It covers Sleaford and surrounding villages.

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

At the time of our inspection the practice had four partners (three male, one female), three salaried GP's, three locum GPs, one HR & Business Manager, one nurse supervisor, three minor illness nurses, ten health care assistants, one treatment room assistant, two reception supervisors, nine medical receptionists, one dispensary manager, two dispensers, five dispensary assistants, three dispensary apprentices, 17 administration and data quality staff and one handyman.

The practice is a training practice and on the day of the inspection had four GP trainees. GP trainees are qualified medical practitioners who receive specialist training in General Practice.

Healthwatch Lincolnshire also attended the practice on the day of the CQC inspection. Whilst both CQC and Healthwatch inspections and reports were independent

of each other, CQC and Healthwatch approached the visit collectively to avoid the practice being visited on two separate occasions and to allow Healthwatch to focus on the patient voice.

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 level of deprivation is eighth on the most deprived scale. The level of deprivation is 14% compared to a CCG average of 16% and national average of 24%. The level of income deprivation affecting children is above CCG average and national average and below the averages for older people.

The practice has 35% of patients registered at the practice aged 0yrs to 18, 30% aged 18yrs to 64, 22% aged 65 and over, 10% aged 75 and over and 3% aged over 85 years of age. Of these 98% are white British. (Source: Public Health England & 2011 Census)

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

Sleaford Medical Group, Riverside Surgery, 47 Boston Road, Sleaford, Lincs. NG34 7HD

Sleaford Medical Group is open from 8am to 6.30pm. Appointments are available from 8.40am to 11.10am and 3.40pm to 5.50pm on weekdays. The practice's extended opening hours on Tuesday, Wednesday and Thursday are particularly useful to patients with work commitments. Acute appointments led by the duty doctor are available from 8am to 6pm.

Routine appointments 8am to 8pm. Mixture of GP, practice nurse, health care assistant, physio and nurse specialist.

Duty Dr has overall oversight of the practice daily activities and is available to support the nursing team throughout the day.

Access was discussed, monitored and recorded weekly to ensure that the practice had the correct capacity.

Sleaford Medical Group also ran a minor injury unit (MIU). This was in addition to the GMS contract for the GP practice and was commissioned by the SouthWest Lincolnshire CCG under a service level agreement. The MIU is open from 8.30am until 8pm and on the day appointments are available for patients. The service is provided by practice nurses who have skills and experience in dealing with minor accidents or injuries which have occurred within 48 hours. Acute appointments - 6.30pm to 8pm Monday to Friday and 8am to 8pm Saturday and Sunday.

On the day appointments are also available for patients who have a minor illness. Appointments are available from 8.40am to 7.30pm. Appointments are bookable on the day with a primary care clinician who works alongside the duty doctor at the practice.

Sleaford Medical Group also provides an urgent care service at weekends and Bank Holidays which opens from 8.00am to 6.00pm. This was in addition to the GMS contract for the GP practice and was commissioned by the SouthWest Lincolnshire CCG under a service level agreement. This service is also available from 6.30pm to 8pm Monday to Friday. On arrival, patients are assessed and the injury treated by a trained nurse or doctor as appropriate. However, in some cases it may be necessary to refer patients on to further treatment at a hospital. This service is available to patients whether or not they are registered with a GP, and can provide care for those not living in Sleaford or the surrounding area. The unit can care for patients attending with both minor illnesses and injuries and is a walk-in service. The patients' own GP will receive a summary of the care received following the consultation so their notes can be updated accordingly. Any patient who cannot be treated will be referred as appropriate.

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG).

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 provided by the practice. Information on the website could be translated in many different languages by changing the language spoken. For example, patients from eastern Europe.

Sleaford Medical Group 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.

# Are services safe?

At our previous comprehensive inspection in April and December 2017, we rated the practice as Inadequate for providing safe services.

This was because;

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Staff understood their responsibilities to raise concerns and report incidents. These were discussed with relevant staff on a regular basis. However, further improvements were still required in the investigation and analysis of significant events in order to correctly identify appropriate and relevant learning from incidents, review of common themes and ensure that necessary actions were taken. For example, missed referrals.
- Systems to assess, monitor and manage risks to patient safety needed strengthening.

**When we carried out this comprehensive inspection on 19 July 2018 we found improvements had been made and rated the practice as good for providing safe services.**

## Safety systems and processes

The practice had systems in place to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns
- Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks at the time of recruitment and on an ongoing basis but in the staff files we looked at references were not in place. We also looked at the file for a locum GP and that references were not place. The practice told us they carried out staff checks, including checks of professional

registration where relevant, on recruitment and on an ongoing basis. However, on the day of the inspection the process to document these checks, for example, Nursing and Midwifery Council, and General Medical Council registration had not been put in place.

- There was an effective system to manage infection prevention and control. Since the last inspection a further infection and prevention audit had been carried out and all the actions had been completed.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice offered a home delivery service and four remote collection points for patients who could not collect their medicines from the practice and this was managed safely.
- There was an effective induction system for new and temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- At the inspection in December 2017 we found that not all staff had received training in recognising the signs of sepsis. At this inspection we found that clinicians knew how to identify and manage patients with severe infections including sepsis. Recognition of sepsis training had been completed at a target training day and staff were reminded that they had the facility to press the help key on the computer system to alert staff to an emergency.

## Information to deliver safe care and treatment

At the inspection in April and December 2017 we found that patients' health was not always monitored in a timely manner to ensure medicines were being used safely and

## Are services safe?

followed up on appropriately. We found the process in place for medicines reviews was not effective and large numbers of patients had not had medicines reviews within the last 12 months.

At this inspection we found the practice had put a new one stop system in place for medicine reviews which centred around the month of the patient's birthday. The initial review was carried out by the nursing team followed by a medicine review with a GP. This new system would reduce the need for multiple visits and appointments.

The practice had also commenced the use of NHS Arden and Greater East Midlands Commissioning Support Unit clinical templates. These templates provided clinical staff with a tool underpinned by the latest clinical evidence and guidance on treatment and provided a uniform approach to medication reviews. For example, Sepsis and antibiotic prescribing.

In December 2017 Healthwatch Lincolnshire asked patients about their medication reviews. The majority of those on longer term medications such as antidepressants and blood pressure medication said they had not received a medication review. At this inspection they asked the same question and found that this was one area that had improved significantly and they had received a medication review either six monthly or annually.

- The practice ran a minor illness service where patients were seen by clinical staff who had the ability to prescribe or refer to secondary care. They worked alongside the duty doctor.
- The minor injury service was open to both patients registered at the practice and those registered elsewhere. The practice told us that this had resulted in a 15-20% reduction in A&E attendances.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- At the inspection in December 2017 we found a large number of significant events had been recorded in relation to issues with the referral process. At this inspection improvements had been seen and the number of significant events in relation to referrals had

been reduced. However, we found that the practice currently had a one month backlog of routine referrals which the practice were aware of. When we spoke with a GP partner, discussions had taken place with the local CCG as many of these referrals were from secondary care advising the practice to refer onwards to other departments within the same secondary care provider. The CCG have agreed that going forward this will not be the responsibility of the practice but the management team advised us that they planned to take on two new secretaries and this would help to clear the backlog.

### Appropriate and safe use of medicines

- At the inspection in December 2017 we found that the systems for appropriate and safe handling of medicines were not safe. Since the inspections in April, September and December 2017 improvements had been made in the safe handling of requests for repeat prescriptions, including high risk medicines. We checked nine records for patients who were receiving high risk medicines and found they had all had the required monitoring carried out or the patient had been contacted to chase up outstanding blood tests.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- At this inspection we found that significant improvements had taken place for the monitoring of patients' health in relation to the use of medicines and this had been followed up on appropriately. Patients were now involved in regular reviews of their medicines, and a system was in place to ensure reviews were carried out appropriately. We saw that the practice had put an algorithm in place which clearly set out what was required.
- Arrangements for dispensing medicines at the practice kept patients safe.

### Track record on safety

At the last inspection we found the practice had undertaken risk assessments in relation to safety issues.



## Are services safe?

For example, fire safety, legionella, monitor the safety of the premises. However, we found gaps in the testing of the fire alarm and emergency lighting when the responsible person was on annual leave.

- At this inspection we found arrangements were now in place to ensure fire safety checks are carried out when the responsible person was on annual leave. We reviewed the fire risk assessment and found that remedial actions were required in relation to the fire doors and some of the emergency lights required replacement. At the time of the inspection the remedial actions had not been completed. We spoke to the management team who told us quotes had been received and they now needed to confirm dates for the work to be carried out. The practice will then confirm to the Care Quality Commission that the remedial actions have been completed.
- Monitoring of legionella water temperatures was carried out in all areas on a monthly basis.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

### Lessons learned and improvements made

At the inspection in December 2017 we found that the system in place in relation to significant event analysis

needed further work to ensure details of the investigation, the action to be taken and what learning had taken place were documented on each significant event form and were shared with staff.

At this inspection we found that further improvements had been made and further changes to processes had been implemented in order to improve the timeliness in the documentation, investigation and actions taken. It was also evident from meeting minutes we reviewed that discussions took place and learning was shared with staff. These improvements again needed to be embedded to give assurance that the processes were effective.

At this inspection we found: -

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Meeting minutes we reviewed showed alerts were discussed on a regular basis.

**Please refer to the evidence tables for further information.**



# Are services effective?

At our fully comprehensive inspections in April and December 2017 we rated the practice as requires improvement for providing effective services.

**At this inspection we rated the practice and all of the population groups as good for providing effective services overall**

## Effective needs assessment, care and treatment

At the inspection in December 2017 we found that the practice did not have a formal system to keep all clinical staff up to date but planned to add NICE guidance to the agenda of clinical governance meetings going forward. At this inspection we found the practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We reviewed minutes of meetings and found discussions had taken place on both NICE guidance and MHRA alerts. For example, patients with a cholesterol of more than 7.2 must see a GP for a review and discussion about statins.

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

The practice provided us with data in relation to the prescribing of antibiotics. We found that the practice were comparable to the CCG target in a number of areas: -

- The average number of antibacterial prescription items prescribed per Specific Therapeutic in June 2017 was 1.24 compared to a CCG average of 0.93 and national average of 0.98. At this inspection the practice told us that the figures for April 2018 was reduced to 1.12% compared to the CCG average of 1.05% and England average of 1.04%.
- The percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporin's or Quinolones was 8.3% compared to a CCG of 9.5% and national average of 8.3%.

In February 2018 a GP partner carried out an audit on antibiotic prescribing in line with the Royal College of

Physicians Target Antibiotic toolkit. It was found that antibiotics had been prescribed had been prescribed based on clinical information there was not enough information in some of the patient records to determine if advice could have been given as the first line of treatment. In the action plan the practice plan to get an external company to put together a new patient template on the patient electronic record to ensure uniformity of patient records and a re-audit was planned for six months' time.

Older people:

- Patients' health was monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs in conjunction with the neighbourhood team.
- Routine weekly visits were scheduled for the five local care homes where patients were resident. Urgent requests were responded to on the same day.
- We saw information in the waiting area for NHS Health Checks for patients aged 75 years and over.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions now had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training and we saw that the practice had put an algorithm in place which clearly set out what was required.
- We were told that adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

# Are services effective?

- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was above average for local and national averages in most areas.

Families, children and young people:

- Childhood immunisation uptake rates were 96-98% which was well above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 78%, which was the same as CCG average and above the England average of 72%.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

## Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for 2016/17 were 99.8% of the total number of points available compared with the clinical commissioning group (CCG) of 98.2% and national average of 95.5%.

The overall exception reporting rate was 7.3% which was 1% below CCG and 2.7% below the national average. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice was actively involved in quality improvement activity. An index of audits and anticipated audits was in place. We reviewed four clinical audits commenced in the last two years, three of which were completed audits where the improvements identified were implemented and monitored. We also reviewed an After-death audit which had been completed since the last inspection and found that discussions took place on weekly basis to ensure any learning was shared. For example, historically the practice did not put anticipatory medicines in place in a timely manner. However, the practice was now very pro-active in ensuring this was in place as soon as it is required.

## Effective staffing

# Are services effective?

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and training and provided training to meet them. Records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals and support for revalidation. At the last inspection we found that there was no evidence of a system for clinical supervision for nurses working in extended roles such as minor illness and injury or as a nurse prescriber. At this inspection we were told that the registered manager reviewed their consultations but currently this had not taken place with the nurse present. The management team had a plan to conduct debrief sessions at the end of a clinic but they told us this had not taken place due to the work required for this inspection. They also told us that new practice nurses had clinical supervision with longer appointments and time for administration but we did not see any documentary evidence.
- On the day of the inspection we were told the practice had a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Sleaford Medical Group was a host practice for the Sleaford Neighbourhood Team. They worked with health and social care organisations across Sleaford and Grantham. It brought together health and social care

professionals which included GPs, community nurses, social workers, community psychiatric nurses and therapists to meet the needs of an ageing population and with the purpose of transforming the way that care was provided for people with long-term conditions.

- 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).
- Patients received coordinated and person-centred care. This included visiting health care professional, for example, diabetic specialist nurse, oxygen assessment specialist nurse, community midwives and a physiotherapist. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- On the day of the inspection we looked at the process the practice had in place for the review of pathology results. We found that the practice had a process in place to clear all urgent blood results on the same day and the non-urgent within five days of receipt.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition, those who had been bereaved and carers.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, exercise programmes and referral to in-house physiotherapists.
- Staff discussed changes to care or treatment with patients and their carer's as necessary.

## Consent to care and treatment

At the inspection in December 2017 we found that the practice did not always document when they had obtained consent to care and treatment in line with legislation and guidance.

## Are services effective?

At this inspection we found: -

- The practice obtained consent to care and treatment in line with legislation and guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

- Discussions on obtaining consent, in particular, for minor surgery was discussed at the clinical meeting in April 2018. The practice monitored the process for seeking consent appropriately. We saw that the practice had carried out a minor surgery audit in January 2018 and all consent forms were completed by the GP partners prior to the surgery taking place.

**Please refer to the evidence tables for further information.**

# Are services caring?

At our fully comprehensive inspections in April and December 2017 we rated the practice as requires improvement for providing caring services.

**We rated the practice as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- On the day of the inspection we observed that the practice gave patients timely support and information.
- Generally, feedback from patients was positive about the way staff treat people.
- We received feedback from 21 patients about the service experienced. They had completed Care Quality Commission comment cards and 19 were positive about the care and treatment received. They told us that the practice provided an excellent service despite being under pressure and care was of a high standard. Staff were professional and courteous and patients felt they were treated with respect and dignity. One negative comment was in regard to access to appointments with a particular GP the other was a negative for a visit in January but later acknowledged how much the practice had improved since that visit.
- Results from the July 2017 national GP patient survey showed that patient's satisfaction when asked if they were treated with compassion, dignity and respect was below CCG and national average. The practice was below CCG and national averages for most satisfaction scores on consultations with GPs and nurses. The practice had carried out its own survey and 90% of patients described the practice as very good
- Our inspection was carried out concurrently with Healthwatch Lincolnshire (HWL). Whilst both CQC and Healthwatch inspections and reports were independent of each other, CQC and Healthwatch approached the visit collectively to avoid the practice being visited on two separate occasions and to allow Healthwatch to focus on the patient voice. They spoke with 39 patients and had a further four patients complete an online comments form. Patients they spoke with felt that staff

had a difficult job to do, often under pressure and generally they were well thought of, friendly and supportive. 75% of patients would recommend the practice to others.

## Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for patients who did not have English as a first language.
- The practice identified carers on registration with the practice and opportunistically and supported them. Written information was available to direct carers to the various avenues of support available to them.
- Results from the July 2017 national GP patient survey showed that patient's satisfaction
- when asked about their involvement in planning and making decisions about their care and treatment was below CCG and national average. The practice had carried out its own survey and covered specific areas but did not include questions on involvement in planning and making decisions about their care and treatment.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect and the practice had a policy in place to deal with zero tolerance.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, minor injury unit and urgent care centre). Healthwatch Lincolnshire asked a question about online services and were told that the online booking was helpful but there was never any opportunity to access a GP via this method.
- On the day appointments were available for the minor injuries unit (MIU). The MIU was open from 8.30am until 6.30pm Monday to Friday. The service was provided by practice nurses who had skills and experience in dealing with minor accidents or injuries which had occurred within 48 hours.
- The practice had extended opening hours every day of the week which were particularly useful to patients with work commitments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service and weekly or monthly blister packs.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice provided primary care services to five local care home. GPs visited on a weekly basis to review service users and any urgent requests were also carried out.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Home visits were also accommodated for those who had difficulties getting to the practice due to limited local public transport availability.
- Healthwatch Lincolnshire observed that there was plenty of signage and information screens but they noted that some patients struggled to get out of the seats without arms to use as support.

### People with long-term conditions:

- Patients with a long-term condition now received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice held regular meetings with the neighbourhood team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- 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.
- Appointments were available outside of school hours and on the same day when necessary.
- From information received by the Care Quality Commission some parents or guardians calling with concerns about a child under the age of 18 were not offered a same day appointment when necessary.
- The staff at the practice took part in the bonnets and beanies for babies' campaign. They knitted bonnets and other items for premature and oversized babies.

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



# Are services responsive to people's needs?

- 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 and access to the urgent care centre at weekends.
- The practice was proactive in offering on-line services which included booking appointments and ordering repeat medicines.
- The practice participated in the electronic prescription service so that patients could collect their medicines from a pharmacy of their choice.
- Text reminder service was available to patients to help reduce wasted appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice facilitated a health trainer, sponsored by the local council who attended on a weekly basis and had booked appointments to provide diet, weight loss advice to patients registered at the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Dementia awareness training at been provided by an external organisation in June 2018.
- We saw information in the waiting area where patients who experienced poor mental health could self-refer for support and advice.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment and diagnosis and treatment.

Healthwatch Lincolnshire asked a question about getting test results in a timely manner. They found that patients

had different experiences in receiving the results within the expected time and it appeared that the practice had not taken any responsibility for ensuring they had contacted the external provider to find out. Patients were often told they were 'in the system' or to contact the hospital themselves.

- Patients with the most urgent needs had their care and treatment prioritised.
- A self-check-in system was situated in the waiting area so that patients could book themselves in directly instead of queuing at reception.
- A TV screen in the waiting area acted as a patient calling system and informed the patient when a GP/Nurse was ready to see them. It also displayed a wide range of health information.

Healthwatch Lincolnshire asked a question about appointments. Overall, the patients they spoke to felt the main issues with the practice related to access to appointment. Patients told them that the wait to see a GP was around three to four weeks and that if they needed an urgent appointment they had to see a nurse practitioner which did not appear to be a problem as they were able to get same day access if required. On this visit the patients did not express any concerns about the need to call at 8am which had been an issue in December 2017.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were below local and national averages. The practice had carried out its own survey and covered specific areas. Of those that completed the survey, 79% found it very easy or fairly easy to get through by phone, 87% felt their appointment time and date was convenient and 79% described their experience of making an appointment as very good or fairly good.

Healthwatch Lincolnshire also asked patients if they felt that they received enough time during their appointment to address their concerns. In December 2017, 78% of patients said they felt listened to and 'where they wanted' felt involved in choices about their care whilst at this inspection this had increased to 81%. Of those spoken to, 13% said it depended on which clinician you saw as to how much time you got.

## Listening and learning from concerns and complaints



## Are services responsive to people's needs?

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

At our inspection in December 2017 we found that improvements had been made to the complaints system but the new processes implemented still required further embedding. At this inspection we found that further improvements had been made and further changes to processes had been implemented to improve the timeliness in acknowledging and responding to complaints. These improvements again needed to be embedded to give assurance that the processes were effective.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

**Please refer to the evidence tables for further information.**

# Are services well-led?

At our inspections in April and December 2017 we rated the practice inadequate for providing a well –led service as governance arrangements were not always operated effectively to ensure clinical oversight of the provision of regulated activities.

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

## Leadership capacity and capability

At the inspections in April and December 2017 we found that overall leadership was not effective. Although the practice was positive about future plans, we found a lack of accountable leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety.

At this inspection we found improvements in the leadership of the practice but we were not assured that all the improvements were fully sustainable and so further time was required to ensure they were embedded.

- Since the inspection in December 2017 the practice have worked with Royal College of Physicians Resilience Service who have worked with the GP partners to help and support them to understand the issues within the practice and support them to prioritise the actions required to meet the requirements of registration for the Care Quality Commission.
- Leaders demonstrated that they were more knowledgeable about issues and priorities relating to the quality and future of services. They told us they now understand the challenges and were taking steps to address them. The practice was able to evidence the improvements that had been made and those that were still in the process of being embedded. We were told that the GP partners had increased the amount of management time they received each week to enable them to drive the changes required. In addition, some of the dispensary manager's duties had been re-allocated to other staff to allow them more time to improve dispensing processes.
- The practice had improved the processes in place to develop leadership capacity and skills which included planning for the future leadership of the practice. One of

the GP partners was in the process of completing the General Practice Improvement Leader's Programme which was a training programme to support clinicians with the quality improvement skills to manage change.

- The practice had regular engagement with SouthWest Lincolnshire Clinical Commissioning Group to utilise local expertise.
- The GP partners had made further changes to the management structure in which they had upskilled staff and formalised the roles of departmental managers with clear roles and responsibilities. This in turn led to more formalised meeting structure with management and partner meetings taking place weekly, and alternate Tuesdays safeguarding, palliative care safeguarding and clinical meetings took place. There were also monthly dispensary meetings where dispensing incidents and near misses were discussed with all dispensary staff.

## Vision and strategy

The practice now had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice worked jointly with the local clinical commissioning group and other external partners to plan its services to meet the needs of the practice population.
- Healthwatch Lincolnshire asked the patients they spoke with about their patient experience. Overall, they felt the quality of care was good and they felt listened to. However, the need to limit the appointment to one issue meant they often had to make repeated visits.

## Culture

The practice had taken some of the steps required in order to demonstrate a culture of high-quality sustainable care.

- Staff we spoke with told us they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

# Are services well-led?

- In incidents and complaints, we reviewed on the day of the inspection we found that openness, honesty and transparency was demonstrated.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw that systems and processes had been reviewed and actions were in place to ensure compliance with the relevant requirements. Some of the systems, for example, significant events, complaints, clinical supervision of nurses, improvement in patient satisfaction still needed to be embedded further.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- We were told that reception staff would be undertaking formal training in September 2018 to support them to carry out the role of Health Care Navigators. The purpose of this new role is to advise patients and carers about the sources of help and advice which are most relevant to their need.
- There was a strong emphasis on the safety and well-being of all staff.
- Healthwatch Lincolnshire asked the patients they spoke with about the staff within the practice. The patients felt that staff overall were well thought of, friendly and supportive.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were valued and treated equally.
- The practice had formalised arrangements in place, such as weekly partner and management meetings, fortnightly QOF, clinical and departmental meetings, monthly safeguarding and palliative meetings and quarterly full practice meetings. We reviewed meeting minutes of these meetings and found the minutes were much more detailed and included a wide range of discussions had taken place.
- On the day of the inspection we saw positive relationships between staff and teams.

## Governance arrangements

At this inspection we found that there were now more clear responsibilities, roles and systems of accountability to support good governance and management. Further time was required to ensure that all the governance arrangements were effective.

- Most of the structures, processes and systems were in place to support good governance and management were now in place. The governance and management of partnerships, joint working arrangements and shared services now promoted a more co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The processes in place in respect of significant events and complaints had been improved but required further embedding to ensure the practice could demonstrate they were effective.
- We looked at the system in place in regard to fire safety and found some remedial work still outstanding. We have asked Sleaford Medical Group to confirm to the Care Quality Commission that this has been completed.
- The new process in place for nurse clinical supervision required further work to ensure the nursing team had regular supervision and minutes of these were documented.
- The practice continued to gather patient feedback but further work was required to improve and review patient satisfaction and respond to patient comments where appropriate.
- We looked at the recruitment process and found that not all reference and document checks on professional registration were routinely carried out.
- The dispensary manager had improved the governance arrangements around remote collection of medicines, recording of prescription stationery and medicines safety alerts since the last inspection.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were improved processes in place for the management of risks, issues and performance.

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

# Are services well-led?

- The practice's systems for appropriate and safe handling of medicines had been improved since the inspection in December 2017.
- The practice had put a system in place in relation to medication reviews. A one stop system had been put in place which centred around the month of the patient's birthday. The initial review was carried out by the nursing team followed by a medicine review by a GP. This new system would reduce the need for multiple visits and appointments. There was a system for receiving and acting on safety alerts. A new tracking process had been introduced to ensure actions were reviewed at the weekly management meeting and closed in a timely manner.
- The practice manager had oversight of significant events, incidents and complaints.
- The practice had continuity and recovery plans in place.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

At this inspection we found that the practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. We reviewed meeting minutes and saw that performance information was discussed on a weekly basis.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Weekly discussions now took place and there were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice had recently started to use GP Team Net – a web based tool which provided rapid access to information, policies and communication within the

practice. It also had the ability to be used as a compliance platform for all GP practices within the local clinical commissioning groups where announcements, information and alerts could be shared.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required. For example, Datix.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group. We spoke with two members of the PPG who told us the focus of the group was around engagement and improving services. Since being appointed to the role they had working with the management team and other members of the PPG and now had plans in place. They told us that they were going to hold a summer fair in September 2018 and discussions had taken place in regard to starting a friendship support group. They had also improved access to the practice by providing electric doors to the main reception area. PPG meetings now took place every six weeks and we were told that minutes would be made available through the practice website and on information boards in the waiting area.
- Our inspection was carried out concurrently with Healthwatch Lincolnshire. Whilst both CQC and Healthwatch inspections and reports are independent on each other, CQC and Healthwatch approached the visit collectively to avoid the practice being visited on two separate occasions and to allow Healthwatch to focus on the patient voice. They spoke with 39 patients on the day and had four patient comments online. Healthwatch Lincolnshire said that patients spoken to expressed concern about the growth of the community with the additional housing developments being built and planned without any discussions on the provision of additional healthcare. They also asked the patients

## Are services well-led?

they spoke with if they were aware of the PPG. Of those spoken to, 33% told them they had heard of the PPG but only because information was being displayed on the practice display screen.

- We reviewed the practice data for NHS Family and Friends (FFT). The practice had done an annual review of the FFT responses. In the year March 2017 to March 2018, the practice had received 1096 responses. 80% of those who completed the forms were extremely likely or likely to recommend the practice.
- In May 2018 one of the GP partners, Dr Pardoe was awarded Medical Practitioner of the Year Award in the Sleaford Town Awards 2018. He was nominated by his patients for being the type of doctor who listens to his patients and makes them feel like they are the most important patient he has seen that day. He has supported patients throughout serious health issues.
- Staff we spoke with told us that the practice had increased the number of health care assistants but there were currently only four nurses which meant there were not enough appointments available and the opportunities to develop was limited.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the evidence tables for further information.**