

Drs Noorpuri & Marshall

Quality Report

Newark Road Surgery
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Date of inspection visit: 6 January 2016
Date of publication: 18/02/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newark Road Surgery on 6 January 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice was rated as requires improvement for being safe, effective and well led and rated as good for providing caring and responsive services. It was rated requires improvement for providing services for, 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 and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The system in place for incidents, near misses and concerns was not robust. Learning from incidents was not disseminated to all staff.
- The systems in place for safeguarding children and vulnerable adults were not robust.
- Risks to patients were assessed and managed, with the exception of those relating to fire, legionella and infection control.
- Data showed patient outcomes were low for the locality in some of the long term conditions.
- 92% of patients who responded to the January 2016 national patient survey described the overall experience of the surgery as good compared with a CCG average of 87% and a national average of 85%.
- 75% of patients who responded to the January 2016 national patient survey described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.

Summary of findings

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice provided GP led triage so urgent appointments were available on the day.
- The practice had a number of policies and procedures to govern activity. However there was no guidance for staff on legionella, cold chain, checking of emergency equipment and medicines.
- The practice had not proactively sought feedback from patients but had an active patient participation group.

The areas where the provider must make improvements are:

- Introduce robust processes for recording, investigating, acting upon and monitoring of significant events, incidents and near misses.
- Have a system in place to ensure that patients are safeguarded from abuse and improper treatment
- Review significant events and complaints in order to detect themes. Ensure learning from significant events and complaints is shared with staff.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure fire drills and fire alarm testing are carried out regularly
- Ensure all staff receive annual appraisals.
- Ensure the nurse prescriber has clinical supervision
- Put a robust system in place for the recall of patients with long term conditions and undertake annual reviews.

- Carry out reviews for patients with a learning disability.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and which identify the responsible person. For example, legionella, cold chain, checking of emergency equipment and medicines and recruitment and retention of staff.

The areas where the provider should make improvement are:

- Ensure actions from risk assessments are documented and date completed recorded.
- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Have in place a schedule of minuted meetings
- Ensure recruitment arrangements include all necessary employment checks and references for all staff.
- Ensure all staff have received safeguarding update training.
- Embed a system for the identification of carers

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Patients were at risk of harm because systems and processes were either not in place or not well implemented in a way to keep them safe. For example, safeguarding and infection control.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. for example, fire safety and legionella.
- The practice had arrangements in place to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low for the locality.
For example, performance for diabetes related indicators was 82.6% which was 8.1% below the CCG average and 6.6% below the national average.
The performance for patients with hypertension was 92.3% which was 5.7% below the CCG average and 5.5% below the national average.
The dementia diagnosis rate was 92.3% which was 2.3% below the CCG average and 2.2% below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Most staff had not had an appraisal since 2014.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 97% of people who responded to the January 2016 national patient survey said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%. 99% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- Patients we spoke with and comments cards we reviewed said they were treated with compassion, dignity and respect and most were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.
- Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care
- Patients said they found it easy to make an appointment on the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was not easily accessible. Themes and trends from complaints had not been identified and learning was not shared with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a documented leadership structure and staff felt supported by management.
- The practice did not have a clear or consistent system in place for reporting, recording and monitoring significant events, incidents and accidents.
- There was not a structured or robust approach for dealing with safeguarding.
- The practice had not proactively sought feedback from patients.
- The practice had an active patient participation group.

Requires improvement



Summary of findings

- All staff had received inductions but not all staff had received regular performance reviews and regular team meetings were not held in 2015.

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 requires improvement for the care of older people.

The provider was rated as good for being caring and responsive. However it was rated as requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 year olds had a named GP to oversee their treatment. The top 2% of patients who were most likely to have emergency admissions had a nominated GP and an agreed Care Plan which is reviewed on a regular basis.
- The practice regularly worked with multi-disciplinary teams in the case management of older people. For example, hospital avoidance for frail elderly patients.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than national averages.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed.

Requires improvement



People with long term conditions

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

The provider was rated as good for being caring and responsive. However it was rated as requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for diabetes related indicators was 82.6% which was 8.1% below the CCG average and 6.6% below the national average.
- The performance for asthma related indicators was 100% which was 2.5% above the CCG average and 2.6% above the national average

Requires improvement



Summary of findings

- The performance for patients with hypertension was 92.3% which was 5.7% below the CCG average and 5.5% below the national average.
- Longer appointments and home visits were available when needed. However, not all patients with long term conditions had received a structured annual review to check that their health and care needs were being met.

Families, children and young people

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

The provider was rated as good for being caring and responsive. However it was rated as requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice did not have robust safeguarding systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children in need or looked after children
- Appointments were available outside of school hours.
- We saw examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 88% to 96%.

Requires improvement



Working age people (including those recently retired and students)

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

The provider was rated as good for being caring and responsive. However it was rated as requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- The needs of the working age population, including those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, GP led triage and extended 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.
- Only 52% of patients aged 40-74 had received a NHS Healthcheck.

People whose circumstances may make them vulnerable

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

The provider was rated as good for being caring and responsive. However it was rated as requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Only 3% of patients with a learning disability had had
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For example, Addaction and Drug and Alcohol Recovery Team (DART).
- It told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The provider was rated as good for being caring and responsive. However it was rated as requires improvement for providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- 93% of patients who were diagnosed with mental health problems had had their care reviewed in a face to face meeting in the last 12 months.
- 92% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national patient survey results published on 7 January 2016. The results showed the practice had good results compared to local and national averages. 257 survey forms were distributed and response rate was 44%.

- 92% describe the overall experience of the surgery as good compared with a CCG average of 87% and a national average of 85%.
- 71% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 66% usually get to see or speak to their preferred GP compared with a CCG average of 62% and a national average of 59%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 99% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 75% describe their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 73% and a national average of 65%.
- 69% feel they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards. 11 were all positive about the standard of care received. Three negative comments were in regard to provision of information for carers, GP led triage not being suitable for working people and the practice closing for staff training. We spoke with the management team who told us they would address the issues raised.

We spoke with two patients during the inspection. Both said that they were happy with the care they received from the majority of the staff at the practice and these staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Introduce robust processes for recording, investigating, acting upon and monitoring of significant events, incidents and near misses.
- Have a system in place to ensure that patients are safeguarded from abuse and improper treatment
- Review significant events and complaints in order to detect themes. Ensure learning from significant events and complaints is shared with staff.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure fire drills and fire alarm testing are carried out regularly
- Ensure all staff receive annual appraisals.
- Ensure the nurse prescriber has clinical supervision
- Put a robust system in place for the recall of patients with long term conditions and undertake annual reviews.
- Carry out reviews for patients with a learning disability.

Summary of findings

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and which identify the responsible person. For example, legionella, cold chain, checking of emergency equipment and medicines and recruitment and retention of staff.
- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Have in place a schedule of minuted meetings
- Ensure recruitment arrangements include all necessary employment checks and references for all staff.
- Ensure all staff have received safeguarding update training.
- Embed a system for the identification of carers

Action the service **SHOULD** take to improve

- Ensure actions from risk assessments are documented and date completed recorded.

Drs Noorpuri & Marshall

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 and a GP practice manager specialist advisor.

Background to Drs Noorpuri & Marshall

Newark Road Surgery provides primary medical services to a population of around 7250 registered patients to the population of North Hykeham and surrounding areas. It is four miles south of the centre of Lincoln. Newark Road Surgery is a two storey building with all clinical rooms being on the ground floor and all administrative rooms and storage on the upper floor.

At the time of our inspection the practice employed 3 full time GP partners (two female and one male), 2 part time GPs (female), a practice manager, a nurse prescriber, two practice nurses and three health care assistants and a team of reception and administration staff.

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

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

Newark Road Surgery, 501a Newark Road, Lincoln. LN6 8RT

The surgery is open from 8:00am to 6.30pm Monday, Tuesday and Thursday. Wednesday 8am to 9pm and Friday 7am to 6.30pm.

A range of appointments were available from 8.30am to 5.30pm. The practice also offered a 'doctor led' triage system all day. One of the GP's called the patients back to discuss the priority of the patients' treatments based on the severity of their condition. An appointment would be allocated as required.

Pre-bookable appointments as well as on the day appointments were available and could be booked online, over the phone or in person at the practice.

Extended opening hours were on a Wednesday 6.30pm to 9pm and Friday 7 till 8am.

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

NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for 230,000 people registered with 37 GP member practices covering 420 square miles across Lincoln, Gainsborough and surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

The practice is a member of the OPTIMUS group of practices, which works collaboratively with 5 other practices to provide high quality care to patients

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

Detailed findings

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. This 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. These 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 with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from Lincolnshire West Clinical Commissioning Group (LWCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 6 January 2016.

We asked the practice to put out a box and comment cards in reception at the surgery to enable patients and members of the public to share their views and experiences.

We spoke with three members of the patient participation group (PPG) who told us that the management team listened to their views on the services provided by the practice and were very open to suggestions made by the PPG. They held meetings every two months and members of the management team were invited.

We spoke with one GP, a practice manager, two nurses, and members of the reception or administration staff. We also spoke with a visiting health care professional.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. All staff were aware of the system for recording incidents and told us they would inform the practice manager of any incidents.

- The practice had recorded 12 significant events from April 2015 to the date of our inspection.
- The incidents we reviewed had actions recorded but some lacked detail and analysis. Staff we spoke with told us some significant events had been discussed at meetings. We spoke with the registered manager who told us they would assign a GP partner to provide overall leadership in regard to significant events. There was limited evidence of dissemination of learning from significant events in order to improve safety in the practice. Since the inspection significant event reviews have been added as a standard item on the monthly clinical meeting agenda to ensure trends and themes are identified.
- The practice had a system in place for receiving, disseminating or actioning national patient safety alerts. However there was no evidence of safety alerts having been discussed in meeting minutes we reviewed.

Overview of safety systems and processes

During our inspection we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse,

- The practice had an appointed dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary training to enable them to fulfil these roles. Most staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.
- Staff demonstrated they understood their responsibilities and most had received training relevant to their role. GPs were trained to Safeguarding level 3.
- The practice did not have a robust system in place to monitor children who had safeguarding issues. We found that not all children had alerts on their patient records.

- We asked the registered manager about the process for the discussion of vulnerable adults and children. We found that no multi-disciplinary safeguarding meetings took place. However the day after the inspection the practice held a safeguarding children multi-disciplinary meeting which was attended by representatives from health visitor and school nurse teams. Minutes were recorded and future meetings will be held on a monthly basis. The practice have identified that safeguarding adult multi-disciplinary meetings still need to be arranged.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS)
- The practice did not have effective systems to ensure patients and staff were protected from the risk of infection. One of the practice nurses was the lead for infection control. The infection control lead had not attended any training to enable them to provide advice on the practice infection control policy and carry out staff training. Since the inspection the management team have contacted the local infection control team to sort out appropriate training and ensure that are kept up to date with best practice.
- We observed the premises to be generally clean and tidy. The practice employed an external cleaning company. We saw there was a cleaning schedule for the premises which had been provided by the cleaning company. However this was not detailed enough for specific areas of the practice, for example treatment rooms. The records seen were not robust enough to provide assurance that individual rooms or areas had been cleaned. There were no formal records of any spot checks having taken place. Since the inspection we have received a protocol and checklist which the practice plan to implement immediately.
- An infection control audit had been undertaken on 4 November 2015 and we saw evidence that action was taken or in process to address any improvements identified as a result.
- An infection control policy and supporting procedures were available for staff to refer to. This was a generic policy obtained from an outside company which

Are services safe?

provided guidance to staff on infection control issues. We spoke with the management team who told us they had spoken to the local infection control team and they would provide staff with a policy specific to the practice.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice had a protocol for the administration of vaccines but it was not robust. It did not provide staff with sufficient guidance on what action to take in the event of a break in the cold chain. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. We saw that the practice had completed a significant event analysis for a break in the cold chain. A refrigerator that contained vaccines had malfunctioned. The practice had followed the recommendations by manufacturers which ensured that patients were kept safe. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed four personnel files and found that most had appropriate recruitment checks undertaken prior to employment. For example, proof of identification, a reference, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the upstairs offices.
- The practice had a number of risk assessments in place relating to safety in the workplace. For example, manual handling training and updated DSE assessments. Actions on these were not recorded as being completed. The practice had a health and safety policy which stated that actions would be reviewed, monitored and updated on a yearly basis or sooner if the need arose.
- The practice had carried out a fire risk assessment on 12 November 2014 that included actions required to maintain fire safety. Within the document it stated that annual reviews would take place. One action was to carry out a fire drill. This had not been completed. Records showed that there was only one fire warden in the practice but staff were up to date with fire training. We found gaps in the fire alarm testing due to a staff member being on annual leave. Since the inspection the practice have nominated two further members of staff to be fire wardens and training is booked for 17 February 2016. Members of staff have been identified to undertake fire alarm testing when staff are on annual leave.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A legionella risk assessment had been carried out in July 2013 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment and these had been implemented. Monthly water temperature checks were carried out. However the practice did not have a legionella policy to provide guidance for staff. Since the inspection we have seen confirmation that a further legionella risk assessment and survey had been booked for 13 January 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us there was also arrangements in place for members of staff to cover each other's annual leave where possible.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). We checked that the pads for the automated external defibrillator were within their expiry date. The practice had adult defibrillator pads but no child defibrillator pads available. We spoke with the management team who ordered the child defibrillator pads immediately. When we asked members of staff, they all knew the location of this equipment. There was also a first aid kit and accident book available. The practice did not have a checklist or policy for the checking of emergency

equipment and medicines. Since the inspection the practice have put in place a checklist for staff to follow when checking the emergency equipment within the resuscitation pack.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However each risk was not rated and mitigating actions recorded to reduce and manage the risk. We spoke with the management team who told us they would update the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Current results from 2014/15 were 95.4 % of the total number of points available, with 13.5% exception reporting. This was 4.7% above the CCG average and 4.3% above the national average.

The practice was an outlier for some of the QOF clinical targets in 2014/15.

For example:

- The performance for diabetes related indicators was 82.6% which was 8.1% below the CCG average and 6.6% below the national average.
- The performance for asthma related indicators was 100% which was 2.5% above the CCG average and 2.6% above the national average
- The performance for patients with hypertension was 92.3% which was 5.7% below the CCG average and 5.5% below the national average.
- The performance for patients with COPD was 100% which was 2.3% above the CCG average and 4% above the national average.
- The dementia diagnosis rate was 92.3% which was 2.3% below the CCG average and 2.2% below the national average.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included three day prescribing of antibiotics. CCG average was 6.4 whereas the practice average was 5.7.

Effective staffing

- Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as annual basic life support.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were had not been identified as most staff had not had an annual appraisal since 2014. Since the inspection the practice have put a programme in place to complete all staff appraisals by end of June 2016.
- We found that the nurse prescriber did not receive clinical supervision. We spoke with the management team who told us they would look at suitable dates to commence clinical supervision.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Are services effective?

(for example, treatment is effective)

- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We spoke with a member of the multi-disciplinary team who told us meetings were held on a monthly basis where vulnerable patients were discussed and care reviewed.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis. The practice had an autonomous nurse practitioner working with the practice one day a week whose role was to look after patients identified at risk of hospital admission. We spoke with them on the day of the inspection and they told us the practice took a pro-active approach to this group of patients. Any care needs were discussed and addressed on a monthly 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. 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

- There were some systems in place to identify patients who may be in need of extra support. For example, those at risk of developing a long-term condition. Those requiring advice on their diet, smoking and alcohol cessation were offered support either in the practice or signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 88% to 96%.
- Flu vaccination rates for the over 65s were 66% which were below the national average of 73%. Flu vaccination rates for the at risk groups were 38%. These were also below the national average of 52%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients. 52% of patients aged 40-74 had had a NHS health checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

11 of the 14 patient CQC comment cards we reviewed were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by most staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national patient survey we reviewed showed patients were mixed in their response to questions about their involvement in planning and making decisions about their care and treatment and some results were below local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 84% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. We did not see any written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered a bereavement a GP would see the relatives if required to give them support or advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered extended hours on a Wednesday evening from 6.30pm to 9pm and Friday morning 7 till 8am for working patients who could not attend during normal opening hours.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- A designated phone line was available for use by the emergency services, nursing homes, local accident and emergency department to contact the practice immediately.
- There were disabled facilities and hearing loop was available.
- Designated car park bays were available for holders of a blue disabled badge.
- Wheelchair access via lowered curbs and a ramp, with hand rail lead to the main door.
- Posters and leaflets to provide patients with information were displayed on the walls and in leaflet storage units within the practice
- There was a self booking in screen and a Jayex board used for calling in patients as well as to provide further information

Access to the service

A range of appointments were available from 8.30am to 5.30pm. The practice also offered a 'doctor led' triage system all day. One of the GP's called the patients back to discuss the priority of the patients' treatments based on the severity of their condition. An appointment would be allocated as required. After the inspection information had been added to the practice registration packs and a poster put up in the waiting room to inform patients about the triage system.

Pre-bookable appointments as well as on the day appointments were available and could be booked online, over the phone or in person at the practice.

Extended opening hours were on a Wednesday 6.30 to 9pm and Friday 7 till 8am.

Results from the national patient survey showed mixed results in regard to patient's satisfaction with how they could access care and treatment. However people we spoke to on the day of the inspection and comments cards we reviewed said they were able to get appointments when they needed them. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 71% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 73% and national average of 65%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We did not see any information available to help patients understand the complaints system on the day of the inspection. We spoke to the management team who told us they would display a poster with information on how to raise a complaint and have a leaflet available.
- The practice had eight formal complaints since April 2015 and we found that they were satisfactorily handled and dealt with in a timely manner.
- There were no formal arrangements in place to review complaints in order to detect themes or trends and no evidence of lessons learned from complaints. However the practice complaints policy stated complaints would be reviewed annually to detect themes or trends.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients as they set out in their statement of purpose. They are fully committed to clinical excellence and providing an accessible client-focused service

The practice had identified a number of areas where they felt there was room for improvement and had put in place an action plan to address this as part of their strategy going forward. These areas included recognising the need to increase the number of medication/annual reviews carried out. The actions documented within the clinical risk register had either not had time to be implemented yet or not had time to be embedded at the time of our inspection but demonstrated that the practice had awareness of the need for change.

Governance arrangements

The practice had a limited governance framework in place to support the delivery of the strategy and good quality care. We found that:-

- The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice.
- There was no legionella or checking of emergency equipment and medicines policies in place. There was no evidence of a system to record the dissemination and receipt of policies to staff.
- There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP partner was the lead for safeguarding.
- The practice did not have a clear or consistent system in place for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- The practice had in place a programme of continuous clinical and internal audit in order to monitor quality and make improvements.
- There was not a structured or robust approach for dealing with dealing with safeguarding.

- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice did not have effective systems to ensure patients and staff were protected from the risk of infection.
- The practice did not have systems and processes in place to monitor the quality of the service and to ensure they were consistently being used and were effective.

Leadership, openness and transparency

- The partners in the practice were visible in the practice and staff told us that they were approachable. Not all staff were involved in discussions about how to run the practice and how to develop the practice as the practice had not held full practice meetings. We saw evidence that the team meetings had taken place in January and November 2015.
- Clinical Meetings were held on a weekly basis. In the past meeting minutes had not followed a set agenda however we saw evidence that the practice had recently introduced a set meeting agenda to include significant events, safeguarding, NICE guidance and the practice risk register.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at clinical meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, in 2015 the PPG held a healthy living and support for carer's days.

Are services well-led?

Requires improvement 

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

- The practice had not carried out a patient survey since 2014. We spoke with the management team who told us that they will plan to do another patient survey, check comments on NHS Choices and continue with family and friends testing.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in local pilot schemes in conjunction with the Lincolnshire West Clinical Commissioning Group to improve outcomes for patients in the area. For example, provision of a primary care deep vein thrombosis service being provided at the practice. D-dimer tests are used to help rule out the presence of a blood clot.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (1) - Care and treatment must be provided in a safe way for service users. 12 (2) (a) – assessing the risks to the health and safety of service users of receiving the care and treatment 12 (2) (b) – doing all that is reasonable practicable to mitigate any such risks 12 (2) (d) – ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. 12(2) (h) - assessing the risk of, preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was in breach of Regulation 12 (1) (2) (a) and (b) (d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment 13 (1) - Service users must be protected from abuse and improper treatment in accordance with this regulation. 13 (2) - Systems and processes must be established and operated effectively to prevent abuse of service users. This was in breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17. Good Governance.

17 (1) - Systems and processes must be established and operated effectively to enable you to:

17 (2) -

(a)- assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) - assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This was in breach of Regulation 17 (1)(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18. Staffing

18 (2) – Persons employed by the service provider in the provision of a regulated activity must -

18 (2) (a) – receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).