St Mary's Medical Centre

Quality Report

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Date of inspection visit: 12 April 2016
Date of publication: 24/05/2016

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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Mary's Medical Centre on 12 April 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Lessons learnt from significant events and complaints were not shared with all staff within the practice.
- Risks to patients were assessed and managed, with the exception of those relating to premises, fire and legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on a daily basis but some found it difficult to make an appointment with a named GP for continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. However the management team did not provide all staff with sufficient oversight of governance issues such as significant events and complaints.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff in relation to the completion of actions for premises, fire and legionella.
- Implement a policy for legionella and commence monthly water testing as per legionella risk assessment.
- Ensure lessons learnt from significant events and complaints are shared with all staff within the practice.
- Ensure all staff receive training in safeguarding adults and children including reception and administrative staff. All GPs need to be trained to level 3 and nurses to level 2.
- Maintain a training matrix and ensure that all mandatory training requirements are met by all staff.

The areas where the provider should make improvement are:

- Improve the coding for vulnerable adults on the patient record system
- Ensure all staff have an awareness of Mental Capacity Act 2005
- Embed a system where all fridge temperatures in all treatment rooms and corridors are checked and reset in line with practice policy.
- Ensure Dispensary near misses are recorded to ensure lessons are learnt
- Within the disaster and business Continuity Plan ensure mitigating risks and actions are included.
- Complete recruitment checks/DBS of volunteer drivers who deliver medicines to patients

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Not all staff were aware of significant events that had happened within the practice therefore lessons were not shared with all staff to make sure action was taken to improve safety in the practice.
- Although some 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, premises, fire and legionella.
- The practice did not have a system in place for the routine management and testing of legionella, for example, the practice did not carry out monthly water testing.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all staff had received safeguarding training relevant to their role, for example GPs to level 3 and nurses to level 2.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for most aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Extended hours three times during the week and on a Saturday morning.
- Urgent appointments were available on a daily basis but some found it difficult to make an appointment with a named GP for continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was not shared with all staff within the practice.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However the governance arrangements to monitor and mitigate risks was not robust.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents. However this information was not shared with all staff to ensure appropriate action was taken.
- Staff received training relevant to their role but the practice did not have a system to monitor training to ensure that mandatory training requirements were met by all staff, for example, safeguarding, fire and mental capacity act 2005.
- The practice had an active patient participation group.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people as10% of the practice population was over 75 years of age.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice had dedicated GPs for the care of patients registered with the practice who were in nursing and residential homes. 0.31% of patients registered with the practice live in residential homes.
- The practice were proactive in admission avoidance. They had reviewed the top 2% of patients in first 12 months.
- The practice also support 'local' 30 days bed which facilitate patient discharge and rehabilitation from secondary care.
- The practice supports the Evergreen Trust which promotes healthy ageing and attitudes towards older people and seeks ways to support when needed to care through advocacy, friendship and practical support.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Parkinson disease nurse holds regular clinics at the practice
- Active recall service through nurse administration team
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 94.4% which was 0.8% above the CCG average and 3% above the national average.
- Longer appointments and home visits were available when needed.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.5% which was 1.9% above the CCG average and 4.9% above the national average.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A diabetes Seminar event has been planned by the practice for 14 April 2016. Speakers include Consultant and specialist doctors and nurses in diabetes Care who will offer advice on topics including healthy eating (particularly for patients at risk of developing diabetes or diet only controlled), best injection techniques, importance of monitoring for early identification of any developing associated problems. The event is open to any patient/carer with diabetes or at high risk of developing diabetes in Stamford and surrounding areas.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 76.18% compared to the national average of 75.35%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided well person clinics, travel clinics, sexual health and smear test clinics as well as NHS health checks to those over 40 years.

Summary of findings

- There was a well-established telephone call-back system which was useful for working people and a triage system into an urgent clinic for emerging issues on the day.
- The practice have enough GP and nurse capacity to review patients throughout the day
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had an adult safeguarding lead with a focus on older vulnerable patients.
- The practice had recently appointed a community nurse practitioner who will work with the practices most vulnerable patients.
- The practice maintained a number of registers on the patient electronic system to identify and support vulnerable patients.
- The practice were looking at becoming a food bank local access point.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had a GP partner who took the lead for mental health. They had set up a mental health forum to support patients and carers.

Summary of findings

- 0.61% of patients registered with the practice experience poor mental health,
- 96% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is slightly higher than the national average of 94%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% compared to the national average of 84%.
- Annual reviews took place for patients experiencing mental health
- Patients living with dementia were referred to the Lincolnshire Families Support Society
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. for example, MIND.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 253 survey forms were distributed and 50% were returned.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 72%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 90% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which all had positive responses about the standard of care received. They told us that the practice provided first class patient care, which was professional and time was given to listen. Two comments cards had a negative comment in regard to being seen by their named GP but not having to wait two weeks for an appointment.

Areas for improvement

Action the service MUST take to improve

- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff in relation to the completion of actions for premises, fire and legionella.
- Implement a policy for legionella and commence monthly water testing as per legionella risk assessment.
- Ensure lessons learnt from significant events and complaints are shared with all staff within the practice.
- Ensure all staff receive training in safeguarding adults and children including reception and administrative staff. All GPs need to be trained to level 3 and nurses to level 2.
- Maintain a training matrix and ensure that all mandatory training requirements are met by all staff.

Action the service SHOULD take to improve

- Improve the coding for vulnerable adults on the patient record system
- Ensure all staff have an awareness of Mental Capacity Act 2005
- Embed a system where all fridge temperatures in all treatment rooms and corridors are checked and reset in line with practice policy.
- Ensure Dispensary near misses are recorded to ensure lessons are learnt
- Within the disaster and business Continuity Plan ensure mitigating risks and actions are included.
- Complete recruitment checks/DBS of volunteer drivers who deliver medicines to patients

St Mary's Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Mary's Medical Centre

St Marys Medical Centre provides primary medical services to 13,490 patients.

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.

St Marys Medical Centre is based on Wharf Road, close to the centre of the historic market town of Stamford, Lincolnshire. The Practice offers on-site parking with designated disabled parking. Additional parking is available further along Wharf Road.

The majority of consulting rooms are on the ground floor. Patients who would find it difficult to access the first floor will be seen on the ground floor. The Practice has dedicated GP and Nursing Team consulting rooms.

The Reception Desk is easily accessible on arrival and the Practice has a self-check-in system and offers online appointment booking.

St Mary's Medical Centre is a Dispensing Practice. The Practice is open to all patients living within the PE9 postcode and the area immediately surrounding Stamford. Dispenses to approximately 4,000 patients.

At the time of our inspection the practice employed eight GP partners (five female and three male), two salaried GPs (two female) and two GP registrars. The surgery also employed a practice manager, assistant practice manager, dispensary manager, two nurse practitioners (one of whom is the Nursing Team Manager), five practice nurses, two health care assistants and 22 dispensary, reception and administration staff.

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

South Lincolnshire Clinical Commissioning Group (CCG) comprises of 15 member GP practices. The CCG is split into two localities, Welland and South Holland. The CCG commission services for the populations of Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving the population are Peterborough and Stamford Hospitals, Johnson Hospital, Spalding, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston.

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

St Marys Medical Centre, Wharf Road, Stamford, Lincs. PE9 2DH

Detailed findings

The practice was open between 8am and 6.30pm Monday to Friday. Dispensary was open 8.45 am to 6pm. Appointments were available from Monday to Friday 8am to 11am and 4pm to 6pm. Tuesday, Wednesday and Thursday 7am to 11am and 4pm to 6pm.

Extended hours surgeries were offered on a Tuesday, Wednesday and Thursday mornings from 7am and Saturday morning 8am to 10.30am.

Telephone triage takes place every day from 8.30am to 6.30pm. and is run by a GP and a Nurse. Patients will receive a call back within one hour. Triage appointments are available Monday to Friday 8.30am to 12 noon and 2pm to 6.30pm.

Some GP telephone appointments are also available on a daily basis.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

The practice have an average of 855 GP appointments a week.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

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

We spoke with the management team in regard to the practice's registration The practice are registered with the Care Quality Commission but the current certificate is not up to date. The management team have contacted the CQC again in order to sort out the issues.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016.

We spoke with a range of staff within the practice and with patients who used the service.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Detailed findings

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- By talking to staff and looking at the error log we established that dispensing near-miss errors were not being recorded which meant that trends could not be identified and monitored.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received training relevant to their role. Not all nurses were trained to level 2 and some staff had not undertaken any training, for example, reception team and some dispensers.Most of the GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperone duties were primarily carried out by nursing staff, most of who had been trained for the role. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Records showed that dispensary fridge temperatures were checked daily within the dispensary which ensured medications was stored at the appropriate temperature to remain effective and safe. Dispensary staff were able to describe the actions to take in the event of a fridge failure.
- However there were omissions in the records of vaccine refrigerator temperature checks in treatment room five within the practice. We found gaps in recording for three refrigerators. For example, 5 November, 10 December, 19 February, 20-26 February, 18 March, 25 March. This meant that the practice could not demonstrate that the integrity and quality of the medicines were not compromised. The practice had a cold chain policy in place to ensure that medicines were kept at the required temperatures.
- There was a named GP responsible for the dispensary. We saw records showing that all dispensary staff had received appropriate training and held qualifications in

line with the requirements of the DSQS (Dispensary Services Quality Scheme, a national scheme that rewards practices for providing high quality services to patients of their dispensary).

- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process which were specific to the practice (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage requirements because of their potential for misuse) and had in place suitable arrangements for the storage, recording and destruction of controlled drugs. For example, access to the controlled drug (CD) cupboard was restricted and keys held securely, full stock checks were conducted every two months and balance checks on individual medicines done at point of dispensing. There were appropriate arrangements in place for the destruction and recording of both patients returned and out of date CDs. Staff told us they understood how to investigate a controlled drug discrepancy and were aware of how to contact the regional CD accountable officer.
- Processes were in place to check medicines in the dispensary were within their expiry date and logs were kept of 4 weekly checks being undertaken. All the medicines we checked were in date and stored appropriately, we saw that the dispensary was secure and access controlled.
- Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. Blank prescriptions were not tracked on distribution to printers within the surgery in accordance with national guidance. We were assured this would be addressed immediately and a process was in place before the inspection team left the building.
- Systems were in place to ensure all repeat prescriptions were signed before the medicines were dispensed and handed out to patients. Dispensary staff were aware of how to identify when a medication review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date.
- Four nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received informal mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training and competency checks.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the practice and on the practice computer.
- The practice carried out a health and safety audit on 25 February 2015. Actions had been identified and most had been completed.
- The practice had fire risk assessment dated 12 March 2015. Not all the actions identified in this risk assessment had been completed, for example, emergency lighting.
- The practice had carried out yearly fire drills. Notes of the last fire drill on 17 March 2016 had actions to complete. A further fire drill is planned for later in 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.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as, access, slips, trips and falls and control of substances hazardous to health.
- The practice had a legionella risk assessment completed on 18 August 2015. A number of recommendations had been made following the risk assessment. There was no action plan to identify how many had been implemented at the time of our inspection. One of actions was the requirement for the implementation of monthly water temperature checks. This had not been started at the time of our inspection.

Requires improvement

Are services safe?

Since the inspection the practice have completed an action plan but the actions have yet to be implemented. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A review was carried out for each team over the last 24 months. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However each risk was not rated and mitigating actions recorded to reduce and manage the risk.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw and we were told that discussions and presentations had been held at the practice to ensure that staff were kept up to date.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.2% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 94.4% which was 0.8% above the CCG average and 3% above the national average. Exception reporting was 3.3% which was 1.2% below CCG average and 1.9% below national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 76.2% which was 2.5% below the CCG average and 0.9% above the national average. Exception reporting was 2.8% which was 0.1% below the CCG average and 4.7% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 88.5% which was 1.9% above the CCG average and 4.9% above the national average. Exception reporting was 3.3% which was 0.2% below the CCG average and 0.5% below national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 96.9% which was 3.5% above the CCG average and 7.1% above the national average. Exception reporting was 3.8% which was 3.7% below the CCG average and 7.3% below national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96.2% which was 8.7% above the CCG average and 12.2% above the national average. Exception reporting was 4.2% which was 1.3% below the CCG average and 4.1% below the national average.
- The dementia diagnosis rate was 93.4% which was 11.4% above the CCG average and 11.9% above the national average. Exception reporting was 1.3% which was 3.8% below the CCG average and 7.1% below national average.

We spoke with the QOF lead who told us they had an effective recall system but when patients attended secondary care for a review of their long term condition they did not attend the practice. The practice have looked into the QOF results and discussed this in partner meetings. They had streamlined the long term condition clinics which were nurse led to give a holistic approach. They felt they were doing all they could to encourage patients to attend for review.

Clinical audits demonstrated some quality improvement.

- The practice had a clinical audit programme and we were sent five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- In accordance with the DSQS the surgery had completed a number of dispensary audits including one relating to improving concordance with medicines in those at risk of unplanned admissions through the use of compliance aids (blister packs). This had resulted in an increase in the number of patients requiring compliance aids but owing to the small sample size the surgery recognised that it was not possible to state whether this had contributed to reducing unplanned admissions in this cohort of patients. Another audit involved review of patients using blood glucose testing equipment. This resulted in a reduction in costs to the NHS associated with this equipment and reduced risk of harm to patients by reducing frequency of testing where appropriate. Dispensary staff took part in this by providing patients with information and guidance to support changes to their prescriptions.
- Findings were used by the practice to improve services. For example, recent action taken as a result included producing their own prescribing guidelines on gluten free products.

Information about patients' outcomes was used to make improvements such as:

- Specialised drug monitoring clinic for patients who have had drugs initiated by hospital specialists who require regular blood tests. They ensure patient safety through a call/recall system with coordination of results and good communication with secondary care specialists.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We were told that it covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However we could not see any evidence of the programme in the staff files we looked at on the day of the inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- We saw robust evidence of regular yearly appraisals for all staff with development plans for further learning. Staff we spoke with told us that the 360 degree system for appraisals was very good and gave them the opportunity to self-evaluate and receive direct feedback from supervisors and colleagues.
- The practice did not have a training matrix in place to identify when training was due therefore we could not be assured that the learning needs of all staff had been identified. However staff we spoke with told us that they received a lot of training relevant to their role.
- In the evidence we looked at not all staff had received training that included: safeguarding, fire procedures and information governance awareness.
- We saw that staff had access to and made use of e-learning training modules and in-house training. However not all staff had received safeguarding or mental capacity awareness training.
- Staff told us and we saw that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, informal clinical supervision and facilitation and support for revalidating GPs.

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 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 patients to other services.

Good

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 patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, we reviewed a MDT summary that demonstrated the management of risk and MDT care planning.

Consent to care and treatment

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Not all staff we spoke with had an awareness of the Mental Capacity Act 2005 and their duties in fulfilling it.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and substance misuse. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 83.8% which was higher than the national average of 81.83%. There was a policy to send reminders for patients who did not attend for their cervical screening test when the practice is alerted by the national screening programme. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for both screening programmes was higher than the CCG and national averages.
- Childhood immunisation rates for the vaccinations given were comparable or above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 91.7% to 95.2%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 4% of patients invited had had a health check in the last year. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

11 of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were very satisfied with the care provided by the practice. They would recommend the practice to others. Comment cards highlighted that staff responded compassionately and took time to listen when they needed help and provided support when required.

Results from the January 2016 national patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 86%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 86% national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Patients we spoke with were also positive and aligned with these views.

Results from the January 2016 national patient survey showed patients had positive responses to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 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 1.3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice website contained relevant and easily accessible information for carers that covered a range of issues such as caring for relatives as well as finance and benefits advice.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Extended hours surgeries were offered on a Tuesday, Wednesday and Thursday mornings from 7am and Saturday morning 8am to 10.30am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a hearing loop was available.
- The practice also supports 'local' 30 days beds which facilitate patient discharge and rehabilitation from secondary care.
- The practice supports the Evergreen Trust which promotes healthy ageing and attitudes towards older people and seeks ways to support when needed to care through advocacy, friendship and practical support.
- Patients living with dementia were referred to the Lincolnshire Families Support Society.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Dispensary was open 8.45 am to 6pm. Appointments were available from Monday to Friday 8am to 11am and 4pm to 6pm. Tuesday, Wednesday and Thursday 7am to 11am and 4pm to 6pm.

Extended hours surgeries were offered on a Tuesday, Wednesday and Thursday mornings from 7am and Saturday morning 8am to 10.30am.

Telephone triage takes place every day from 8.30am to 6.30pm. and is run by a GP and a Nurse. Patients will receive a call back within one hour. Triage appointments are available Monday to Friday 8.30am to 12 noon and 2pm to 6.30pm.

Some GP telephone appointments are also available on a daily basis.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

The practice have an average of 855 GP appointments a week.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 75% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).
- 85% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, a practice complaints summary leaflet available in the reception area.
- The practice website contained good information and advice on complaints. It also contained advice on how to access advocacy services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had received 32 complaints over the past year. We looked at five complaints received in the last 12 months and found they were handled in a timely manner with openness and transparency. We saw that complaints were discussed and reviewed at the bi-weekly practice meetings. If the practice meeting did not take place the complaints would be discussed at the partners meeting the following week.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, customer care training for reception team. However learning was not shared with all staff within the practice.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which included the practice values to provide high quality, safe and professional primary health care general practice services to patients registered at the practice. .
  The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had completed reviews of all staff teams to identify new and better ways of working.
- The practice were due to merge with Lakeside Healthcare along with two other Stamford practices in July 2016. We were told that the practice will merge the business unit but the patient list would remain the responsibility of the practice. The GP partners felt it would enable them to deliver a greater range of patient service, partner with local hospitals and expand the teaching and training provision currently done at the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Communication across the practice was structured around key scheduled meetings. Alternating practice and GP partner meetings are held weekly. Regular departmental meetings involving all key staff.
- The quality of record keeping within the practice was good with meeting minutes being detailed, maintained, accurate and up to date.
- Appointments were well managed. A review of appointment availability weekly showed the practice consistently met patient demand for GP appointments. The practice regularly offered in excess of basic number requirements which enabled patients to always access appointments when needed.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Clear methods of communication that involved the whole clinical team and other health care professionals to disseminate best practice guidelines.
- There were arrangements for identifying, recording and managing risks. However this system was not robust as mitigating actions from risk assessments carried out in 2015 had not been completed.
- Lessons learnt from significant events and complaints were not shared with all staff within the practice.
- The practice did not have a training matrix in place to identify when training was due therefore we could not be assured that the learning needs of all staff had been identified. In the evidence we looked at not all staff had received training that included: safeguarding, fire procedures and information governance awareness. However staff we spoke with told us that they received a lot of training relevant to their role.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us and we saw that the practice held regular departmental team meetings.

Are services well-led?

Good

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at their departmental team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- Staff had individual objectives set by the practice appraisal system such as clinical staff looking to develop their knowledge in a certain area to be able to offer additional services. Staff we spoke with described the appraisal process as useful and stated they were able to identify and follow up leaning.
- Performance management reviews had been commenced for all new GPs and it will be rolled out to the GP partners as part of their peer review.
- The practice sent out monthly newsletters to all staff to keep them informed, for example, new staff joining the practice, staff retiring and the progress with the merger with Lakeside Healthcare.
- Not all staff we spoke with were involved in discussions about how to run and develop the practice. However others told us that the partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the patient survey in February 2015 identified that working age people required access outside of daytime appointments. They were asked which hours they would prefer to be seen under extended hours and early hours appointments are now provided three days a week.
- Friends and Family Testing (FFT) results were reviewed on a monthly basis at a practice meeting.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions.
- The practice produced monthly practice newsletters to keep staff informed. We looked at March 2016 which included information on the practice merger with Lakeside Healthcare and recent staff changes.
- 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 part of local pilot schemes to improve outcomes for patients in the area. They attended clinical commissioning group (CCG) meeting and had engaged with local practices to support each other and address issues identified in the locality.
- The practice are taking part in a CCG initiative to have secure computer system which allows patients to enter data and take recordings such as blood pressure and weight and enter it on the clinics system through a touch screen. Called the Pod it will enable the practice to collect data and add questionnaires for the patients to complete. This is due to be introduced over the coming months.
- The practice was a GP training practice. On the day of the inspection we spoke with one GP registrar. They told us they were extremely happy at the practice and had received good support. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice.
- The practice was a training practice for medical students who were studying with Cambridge University.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that 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 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) (c) - ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely 12 (2) (d) – ensuring that the premises used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. This was in breach of Regulation 12 (1) (2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1) - Systems and processes must be established and operated effectively to enable you to: 17 (2) - (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. (d) – maintain securely such other records as are necessary to be kept in relation to :-

This section is primarily information for the provider

Requirement notices

(i) persons employed in the carrying on of the regulated activity.

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