Care Quality Commission

Inspection Evidence Table

Littlebury Medical Centre (1-554699752)

Inspection date: 6 February 2019

Date of data download: 28 January 2019

Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes*
There were policies covering adult and child safeguarding.	Yes*
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes*
Policies were accessible to all staff	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs)	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes*
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes*
Explanation of any answers and additional evidence: At the inspection in November 2017 we found that the arrangement in place to safeguard adults and children from abuse and improper treatment were not effective. At the inspection we found significant improvements had been made but further work was required to ensure the system and processes put in place had been embedded. Safeguarding meetings had been planned but none had taken place at the time of the inspection. Safeguarding policies needed to be updated to include female genital mutilation and sexual exploitation along with details of organisations that should be contacted regarding a safeguarding referral.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence:	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 21 December 2018	Yes
There was a record of equipment calibration. Date of last calibration: 21 December 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes

There was a fire procedure.	Yes*
There was a record of fire extinguisher checks. Date of last check: 9 November 2018	Yes
There was a log of fire drills. Date of last drill: 30 January 2019	Yes*
There was a record of fire alarm checks. Date of last check: 28 January 2019	Yes*
There was a record of fire training for staff. Date of last training: Within the last 12 months	Yes
There was a record of emergency lighting checks. Date of last check: 5 June 2018	Yes*
There were fire marshals.	Yes*
A fire risk assessment had been completed. Date of completion: 26 April 2018	Yes
Actions from fire risk assessment were identified and completed.	No*

Explanation of any answers and additional evidence:

In November 2017 we found that the practice did not an effective system in place regarding fire safety. At this inspection we found that improvement had been made but further work was required. a fire risk assessment had taken place in April 2018. Three actions had been identified, two of which had been completed. The third regarding changing a number of doors to fire doors was still to be actioned. The practice told us that this action would be completed within six months. Since the inspection the practice have confirmed that the internal doors will be changed to fire doors on the weekend of 23rd and 24th February 2019.

We saw that the practice had a process in place to check the fire alarm on a weekly basis. We looked at the records since the last inspection and found that from 26 March to 23 November 2018 only four fire alarm tests had taken place.

We looked at the records for the testing of emergency lighting. We found that it had last been checked on 5 June 2018. An emergency lighting certificate was seen for the main practice dated 14 December 2018 and for the new extension completed on 11 October 2018.

A fire drill had taken place on 30 January 2019. It had been scored as unsatisfactory. Actions had been identified which included refresh staff fire policy and ensure staff sign in and out of the practice. The previous fire drill which took place on 25 September 2017 had been scored as satisfactory.

We looked at the fire procedure. It had been reviewed since the last inspection. It had been updated and staff who take overall responsibility for fire safety had been identified. We talked to the management team about fire wardens. We were told that the senior receptionist was the fire warden on the day. We queried if they had received the relevant training to be a fire warden. Since the inspection we were told that six members of staff had completed on-line fire warden training.

At the inspection in November 2017 we found that the practice did not have a comprehensive legionella risk assessment in place to mitigate the risks of legionella (a bacterium which can contaminate water systems in buildings). The practice did not carry out monthly water monitoring testing and there was no policy to provide guidance to staff.

At this inspection we found that an external company had carried a legionella risk assessment on 30 April 2018. A number of actions had been identified, some of which were deemed as high risk. The practice was not able to demonstrate that these actions had been completed and monthly water monitoring had not been started. A legionella protocol was in place but this did not detail all the requirements for legionella monitoring. Since the inspection the practice have contacted an external company to visit them on 27 February to start the monthly water monitoring and carry out further checks.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: After the last twelve months general risk assessments have taken place.	Yes*
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: After the last twelve months general risk assessments have taken place.	Yes*
Explanation of any answers and additional evidence: On the day of the inspection we looked at the general risk assessment folder. We saw risks had been identified, rated and control actions put in place for areas of the building. For example, sharps bins being used for general waste, current controls described and risk rated. We asked to look at the five-year Electrical Installation Condition Reports (EICR) for the practice. We found that the last one was carried out January 2014. A further five-year wiring inspection will take place on 9 February 2019. Gas safety checks were last carried out on 6 December 2018.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes*
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:31/1/18	Yes*
The practice had acted on any issues identified in infection prevention and control audits.	Yes*
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We also saw that the practice had an external organisation carry out an inspection prevention and control inspection. The initial visit took place on 20 August 2018 and a further visit on 1 October 2018. There	

were advisory actions for each area. An action plan was in place and three out of the five actions had been completed.

During 2018 the practice found that the contractors who carried out the cleaning of the surgery did not meet the required standards. We saw that they had changed the contractor in November 2018 and were now extremely happy with the cleanliness of the building. We looked at the records and found that the cleaning company had completed risk assessments and had appropriate data sheets in place for control of substances hazardous to health (COSHH).

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes*
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes*
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes*
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes*
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Explanation of any answers and additional evidence:

The practice had a low turnover of staff and employed one long term locum. An induction process was in place should temporary staff be employed in the future.

The practice had a telephone triage system in place. Reception staff took the initial phone call from a patient and were then put on a list for either a GP or a practice nurse to call a patient back to assess their problem and determine the best course of action. The purpose of triage is to ensure that patients who feel their problem needs to be dealt with either on the day or before a routine appointment is available can access clinical advice quickly and efficiently.

Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. At the inspection in November 2017 we did not see any information for patients and staff and no evidence that staff had received any sepsis awareness training. At this inspection we saw actions had been taken, staff had received training and posters were placed in clinical treatment rooms and reception for

guidance

We checked to see if there was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency. The practice had a defibrillator, oxygen and pulse oximetry. The practice did not have a thermometer suitable for children under three months of age. When we spoke to the senior GP he told us they would purchase the required equipment.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols	Yes*

Explanation of any answers and additional evidence:

The practice had recently had a Care Co-ordinator join the practice. They help to avoid unplanned and inappropriate hospital admissions. They liaise with colleagues and other health and social care professionals to help to support and coordinate the care of patients within a GP practice identified as being at 'high risk' of their current situation deteriorating and who may benefit from a multi-agency approach either through referrals and/or analysis of available data (e.g. frequent attendees to A&E or out of hours services).

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.15	1.09	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.0%	10.5%	8.7%	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	The practice does not have any non-medical prescribers.
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Not applicable to this practice
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes*
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes*
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services: The practice dispensed medicines to 32.3% of their patients. We looked at the process the dispensary	

had in place regarding dispensing incidents and near misses. We found that there was only one entry on 26 November 2018. We discussed this with the management team as it was felt that near misses that were picked up by the bar code checker might not be recorded which would reduce the opportunity for learning and discussion.

The dispensary had carried out an internal audit in November and December 2017 in line with the requirements of the Dispensary Services Quality Scheme (DSQS). Learning and actions were documented and a further audit was to be planned for November/December 2018. We did not see this on the day of the inspection.

The practice provided a medicine delivery service to patients registered at the practice. The practice confirmed that the staff who delivered the medicines had received the appropriate recruitment checks such as Disclosure and Barring.

We did not see any information in accessible formats but were shown that the dispensary had access to information that could be printed in large format or braille if it was required by the patient.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Six
Number of events that required action:	Four
Explanation of any answers and additional evidence:	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Patient referred from another organisation on a 2WW appointment. Patient did not attend appointment	Practice to book appointment whilst patient still in the surgery. Letter to be sent if appointment is not attended.
Newly registered patient – medicines	Evidence of medication taken before prescriptions are

requested by third party. Incorrect medicines requested.	generated and medicines dispensed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts	Yes
Explanation of any answers and additional evidence:	

Effective Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes*
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: We saw that monthly searches were carried out by the assistant practice manager. These ensured that those patients who needed a review were seen in a timely manner.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.65	1.01	0.81	No statistical variation

Older people Population group rating: Good

Findings
• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • Staff had appropriate knowledge of treating older people including their psychological, mental

and communication needs.

- Health checks were offered to patients over 75 years of age.
- A care co-ordinator was in place to avoid hospital admissions were possible
- Domiciliary visits took place for housebound patients on a weekly basis, e.g. phlebotomy, blood pressure monitoring.
- Named GP's were in place for patients over 75 years of age
- GP's were allocated to local care and nursing homes
- Recommended Summary Plans for Emergency Care and Treatment (Respect) were to be introduced in the practice from 4 February 2019.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Clinicians with interests in a variety of long term conditions such as diabetes and respiratory illnesses.
- The practice had recently amended the system in place to recall patients for their reviews of their long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered statins. The practice uses the QRISK tool which incorporates an algorithm for predicting cardiovascular risk.
- Clinicians worked as part of a multi-disciplinary team and could make referrals to community specialist teams and secondary care when appropriate
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. The practice used the scoring tool known as the CHA2DS2 Vasc score which refers to the various factors influencing the risk of stroke in patients with atrial fibrillation. Atrial fibrillation (AF) **is** a cardiac arrhythmia with the potential to cause thromboembolism.

Diabetes Indicators	Practice	CCG	England	England

		average	average	comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	66.2%	82.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.4% (16)	13.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	72.8%	81.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.4% (21)	8.7%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.6%	83.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.1% (48)	13.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
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 using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	85.5%	80.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (19)	2.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.9%	91.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.5% (2)	6.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	90.3%	85.4%	82.6%	Variation (positive)
Exception rate (number of exceptions).	2.5% (31)	2.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	96.0%	92.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (5)	5.9%	6.7%	N/A

Any additional evidence or comments

Families, children and young people Population group rating: Good

Findings

- Team meetings took place with the Health Visitor to discuss Child Protection and "at risk" families for early intervention.
- The practice had a Childhood immunisation programme with an effective recall system in place
- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of	60	62	96.8%	Met 95% WHO based target (significant

immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)				variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	54	56	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	51	56	91.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	54	56	96.4%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. When abnormalities or risk factors were identified the patient would be reviewed by a GP.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Extended hours service to provide evening appointments for those patients who are unable to access the practice services during core hours.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who	77.6%	78.3%	71.7%	No statistical variation

were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.6%	76.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	59.7%	60.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	76.9%	73.4%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	40.5%	57.8%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. Patients could be referred to Addaction who support patients who experience substance misuse issues.
- A nominated GP was in place for patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis
- All staff had received dementia training in the last 12 months.
- Home visits to carry out Dementia reviews were carried out if the patient was housebound.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	95.1%	89.5%	Variation (positive)
Exception rate (number of exceptions).	5.4% (2)	14.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	95.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.4% (2)	11.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.5%	84.7%	83.0%	Variation (positive)
Exception rate (number of exceptions).	1.3% (1)	4.5%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542.4	554.5	537.5
Overall QOF exception reporting (all domains)	3.8%	4.4%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of quality improvement and used information about care and treatment to make improvements. Since the last inspection in November 2017 the practice had carried out four internal audits. Of these two were full cycle.	Yes*

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

We looked at the full cycle audits for patients who were on sodium valproate following an alert from the Medicines and Healthcare products Regulation Agency (MHRA). We looked at the records of the two patients who had been identified in the audits and appropriate action had been documented in the patient records.

We looked at the audit on patients who had been referred on the 2 week wait pathway following a significant event analysis. This was to ensure patients who needed to be followed up had booked and attended their appointments. A process had been put in place whereby staff at the practice checked to make sure appointments had been attended.

Any additional evidence or comments

At the inspection in November 2017 we found that the practice did not have a programme of continuous audits to monitor quality and to make improvements. They had limited evidence to demonstrate continuous improvements to patient outcomes or any action plans put in place to monitor implementation of any recommendations.

At this inspection we could see that quality improvement had taken place and audits had been carried out. Two audits had been carried out by an external company and were detailed with learning and actions in place. We looked at audits that had been carried out internally and found that these required more detail in terms of purpose, findings, learning and actions.

We also saw that a comprehensive list of monthly searches was carried out by the assistant practice manager and were used to find out if any patients required ongoing monitoring, regular blood tests and reviews. The patient will then be contacted to arrange an appointment.

Effective staffing

The practice was able to demonstrate that/ staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	No as no staff recruited since 2015.
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes*
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes*
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: We were told and we saw that peer reviews for nursing staff were carried out on a weekly basis. The on-call GP was the clinical supervisor for the nurses on duty and were also available if issues arose during the day. Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Not applicable
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This include patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary	Yes
The practice supported national priorities and initiative to improve the populations health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	99.4%	96.4%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	0.2% (3)	0.5%	0.8%	N/A

Any additional evidence or comments

Consent to care and treatment

The practice were able to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes*
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: After the inspection the practice sent us a Minor Surgery audit which was completed on 4 December 2018. 48 patient records were reviewed and 100% had had their consent recorded. Annual audits would continue to ensure that compliance was continued.	

Caring Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	23
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient surveys (24) Feedback from members of the PPG (Three)	Service is second to none. Staff polite sensitive and efficient. Quick appointment. Lots of advice. Fantastic staff. Seen very quickly Generally excellent. Courtesy and respect. Well supported by GPs. Paramedic extremely good.
NHS Choices	No comments since the last inspection

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6816	236	110	46.6%	1.61%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	86.8%	87.9%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	84.2%	87.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.6%	95.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	81.3%	87.3%	83.8%	No statistical variation

Any additional evidence or comments
The practice had reviewed the results of the March 2018 patient survey results and had put an action plan in place. A triage system was in place and all patients that requested to be seen were seen on the day of their call. A flexible appointment system was in place to allow for longer appointments. GP, Practice Nurse and paramedic who had recently been employed offered a variety of same day appointments.

Question	Y/N

The practice carries out its own patient survey/patient feedback exercises.	Yes*

Any additional evidence
The practice had completed their own patient surveys on the triage system and on routine appointments. Actions had been identified and a further survey was required to see if actions had improved the patient experience.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition and any advice given.	Yes
Staff helped patients and their carer find further information and access community and advocacy services.	Yes

Explanation of any answers and additional evidence:

Staff provided patients with information during consultations.

The practice had a vast number of leaflets available within the waiting areas. For example, information to support carers, dementia support, men's shed group, stroke recovery and women's aid.

The practice had undertaken a consent audit to ensure patients had received an explanation of the care and treatment they would receive. For example, minor surgery

Source	Feedback
Comment cards received	Feel listened to. Referred for appropriate treatment. Having physiotherapy at the practice is great. Had a skin problem since September 2018 and still not sorted. Disappointed with my care and treatment so far.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.9%	93.7%	93.5%	No statistical variation

Any additional evidence or comments	
From the comments cards received only three patients out of 21 referred to decisions about care and treatment. Two responses were positive and one was negative	
	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	1.5% - 100 patients.
How the practice supported carers.	The practice told us they planned to work towards the Carers Quality Award which will ensure that the profile of carers is recognised. Carers information is placed in the waiting room with a folder of supporting groups.
How the practice supported recently bereaved patients.	Information available on the practice website. Bereavement support offered by the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes*
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: A portable privacy screen was available for rooms that did not currently have privacy curtains. Plans were in place to put privacy curtains in three further rooms over the next three months.	

Responsive Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes*
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: The practice had recently had a Care Co-ordinator join the practice. They help to avoid unplanned and inappropriate hospital admissions. They liaise with colleagues and other health and social care professionals to help to support and coordinate the care of patients within a GP practice identified as being at 'high risk' of their current situation deteriorating and who may benefit from a multi-agency approach either through referrals and/or analysis of available data (e.g. frequent attendees to A&E or out of hours services).	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am to 7.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available: Triage system in place. Patients seen on the day of the call	
Monday	8am to 7.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Extended Hours- CCG initiative	Munro Medical Centre Spalding

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6816	236	110	46.6%	1.61%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.2%	95.7%	94.8%	No statistical variation

Any additional evidence or comments

Older people — Population group rating: Good

Findings

- The practice provided primary care services to seven local care homes. GPs visited on a regular basis to review service users and any urgent requests were also carried out. Dispensary staff were also allocated to a specific care home to ensure consistency and continuity of care. Care homes we spoke with were positive and felt they were well looked. Having a regular GP visit meant their medical needs were being met.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- All patients had an allocated named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice had a process in place to assess and case manage older people over the age of 65 who were frail and the severity of the condition. This enabled them to select the most appropriate care to meet those needs. These patients were on a frailty register and received regular reviews which included a falls assessment and review of medicines.
- The practice offered a free prescription and dressing delivery service to their dispensing patients.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Since the last inspection the practice had reviewed and improved the system in place to recall patients for reviews of their long-term conditions.
- Multi-disciplinary team meetings were established and took place on a six-weekly basis to enable in depth discussions about complex cases with other health care professionals
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people — Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. We were provided with information from the CCG which told us that the practice had very low attendances for A&E during working hours.
- The practice had a triage system in place and all patients, including children, were seen on the day. This was particularly useful to families with young children.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice offered a wide range of contraceptive services.

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering on-line services which included booking appointments and ordering repeat medicines.
- The practice offered a triage system for emerging issues on the day. This was particularly useful to working age people.
- The practice participated in the electronic prescription service so that patients could collect their medicines from a pharmacy of their choice.
- Text messaging service was available to patients to help reduce wasted appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were also available at the weekend.

People whose circumstances make them vulnerable — Population group rating: Good

Findings

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

- The practice had responsibility for a local nursing home which included GP beds. Many patients were admitted to this home for end of life care. This included patients registered temporarily with them from other practices.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	79.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP	72.5%	72.0%	68.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	77.3%	71.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	77.5%	75.9%	74.4%	No statistical variation

Any additional evidence or comments
Total triage system in place daily.

Source	Feedback
Patient survey carried out by the practice in January 2019 in relation to appointments and telephone triage system.	Easy friendly service Had not been aware of how to book a doctor's appointment Very good service Do not like triage system, not always satisfied with the answers from Doctors Great service, reception helpful

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient referred from another organisation on a 2WW appointment. Patient did not attend appointment	Practice to book appointment whilst patient still in the surgery. Letter to be sent if appointment is not attended.

Well-led Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable	Yes*
There was a leadership development programme, including a succession plan.	Yes

Explanation of any answers and additional evidence:

At our inspection in April 2018 we rated the practice requires improvement for providing a well –led service. We found that the partners and practice management team were experienced in the delivery of care but some of the systems and processes in place were not established or operated effectively to ensure compliance with good governance.

At this inspection the practice is rated as Good as most systems and processes were in place and operated effectively.

At this inspection we found that leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges.

A leadership structure was in place and we were more assured that the GP partners had the necessary experience to lead effectively. They could demonstrate clinical oversight and capability to deliver high quality care.

The management team told us they would like to get a third GP partner over the next 12 months.

We were told that staff had upskilled internally and were appraised on a yearly basis.

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability	Yes*
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Yes

Explanation of any answers and additional evidence:

The practice vision was to give patient centre care while involving patients in their health management. The practice had a five-year vision to further extend the building to add a further eight rooms, complete the Carers quality award and work towards being able to facilitate medical students from Lincoln University.

The practice had recently had a Care Co-ordinator join the practice. They help to avoid unplanned and inappropriate hospital admissions. They liaise with colleagues and other health and social care professionals to help to support and coordinate the care of patients within a GP practice identified as being at 'high risk' of their current situation deteriorating and who may benefit from a multi-agency approach either through referrals and/or analysis of available data (e.g. frequent attendees to A&E or out of hours services).

Not all staff we spoke with know what the vision and strategy for the practice was.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes*
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

Explanation of any answers and additional evidence:

The practice focused on the needs of patients.

Staff we spoke with told us the practice was good place to work. A lot of hard work had taken place since the CQC inspection in April 2018. Staff said there was good morale and team working despite the recent changes and stresses.

The management team told us that they had a staff welfare fund in place. Staff could ask for cash support if they experienced an unexpected financial situation which would be paid back at a rate the staff member could afford.

Since the last inspection the practice had employed a paramedic who had extensive training and was able to see patients with a minor illness, carry out home visits and see patients within the care home environment.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback

Bereavement in family	Compassionate leave had been given to a member of staff. They told us it meant that she was not worrying about work and could concentrate on being with her family at this sad time.
Staff issues	Staff members were addressed. Agreement to change work patterns. Staff members happy with changes made.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial*
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Explanation of any answers and additional evidence:
At the inspection in April 2018 we found that the practice had a governance framework in place to support the delivery of care. However, we were not assured the GP partners maintained an oversight of this framework and we found that work to further improve the governance arrangements in place was ongoing.

At this inspection we found that there were now more clear responsibilities, roles and systems of accountability to support good governance and management. Although systems and processes were in place we found that these were not always operated effectively, for example,

We looked at the system in place for the management of legionella. No Legionella water monitoring testing had taken place.

We looked at the system in place regarding fire safety and found some remedial work was outstanding. We also found gaps in fire alarm and emergency lighting testing which was not in line with the practice fire safety procedure.

We looked at quality improvement work which included clinical audit. Clinical audits we reviewed required more structure, detailed analysis and actions to be implemented.

Clinical meetings took place on a regular basis. Whilst we saw evidence of the meetings that had taken place but minutes of the meetings did not reflect the discussion that had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe.

No nurse meetings had taken place over the last 12 months.

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risk, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks	Partial*
A disaster handling and business continuity plan was in place.	Yes
Staff were trained in preparation for major incidents	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Although risk assessments had been carried out, not all actions identified had been acted upon.	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial*
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: We saw information that demonstrated that the management team used data to adjust and improve performance. For example, peer review of referrals to secondary care. We also found that regular searches and review of patients with long term conditions took place which had resulted in low exception reporting for the Quality and Outcomes Framework. They only exception reported once they had tried all avenues to review the patient in the practice. There was a commitment to work with others to broaden the range of services available at the practice, for example, INR Star monitoring and physiotherapy. By the end of February ultra sound scanning would be carried out within the practice. Although risk assessments had been carried out, not all actions identified had been acted upon.	

Engagement with patients, the public, staff and external partners

The practice involved public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes*
Staff views were reflected in the planning and delivery of services.	Yes*
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:
The practice received feedback in a variety of ways and used it to improve patient and staff experience.

One of the ways was 'You say – We did'.

You Say	We did
Easy access to flu clinic	Arranged evenings and weekends – walk in clinics
Long wait for routine appointment	Appointment system changed to triage system
Easy wheelchair access	New automatic doors. Designated disabled toilet
Disabled parking	New front of surgery parking

We saw evidence that the national patient survey data for July 2018 had been reviewed and actions put in place to improve the areas of concerns identified by the patients registered at the practice. The practice felt that now triage system was well embedded and patients could be seen on the day of their call the figures would be more in line with the CCG and national average when the 2019 results were published.

The practice had also carried out their own survey in January 2019 in relation to the telephone triage system and the booking of an appointment. Actions had been identified to address the areas of concerns raised by patients but had not been put in place at the time of the inspection.

The practice had recently carried out a staff survey.13 staff had completed the survey. 90% of staff who completed it were 80% happy working at the practice. 85% of those who completed the survey would recommend the practice as a good place to work.
Of those that completed the survey, 25% did not feel supported or valued at work. The management team have put an action plan in place which included full monthly team meetings, regular feedback to staff, encourage staff to undertake training and repeat the survey in 12 months' time.

The practice was part of a federation that now had extended hours for patients who were registered within South Lincolnshire. Patients could be seen in the evening and at weekends at two locations situated in Spalding. The management team told us that the new triage system was working very well and therefore uptake of appointments at these two locations were very low.

Feedback from	Very satisfied

Patient survey carried out by the practice in January 2019 in relation to appointments and telephone triage system.	Would like a female doctor as I feel a male is unable to understand how a woman feels. Brilliant Doctor – always great with children and myself Everybody always helpful

Feedback from Patient Participation Group.

Feedback
We spoke with three members of the PPG. They told us the PPG had been relaunched and they now had 17 members, seven of which met bi-monthly the GP practice. The PPG were very keen to support the practice with any proposed changes to services. On the day of the inspection they did not have any clear plans for their focus for 2019 but were going to talk to the both the practice about providing bereavement support when required. The PPG also had an outreach group called Here4U. It was held in the local women's institute hall. It was originally established for carers of patients with dementia so that these people could meet with others in similar situations. This had been extended and anyone who was a carer and the person they care for could attend. They ran many activities which included coffee mornings, gentle exercise, games and computer literacy classes.

Any additional evidence

Continuous improvement and innovation

There were / there was little evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes*
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: At this inspection we could see that quality improvement had taken place and audits had been carried out. Two audits had been carried out by an external company and were detailed with learning and actions in place. We looked at audits that had been carried out internally and found that these required more detail in terms of purpose, findings, learning and actions.	

Examples of continuous learning and improvement

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	Z ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	No statistical variation	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥3
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.