Sleaford Medical Group

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

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

- 13 April 2017 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months. Breaches of legal requirements were found in relation to governance arrangements within the practice. A warning notice was issued which required them to achieve compliance with the regulations set out in the warning notice by 24 August 2017.
- 20 September 2017 - A focused inspection was undertaken to check that they now met the legal requirements. As the practice had not made all the improvements to achieve compliance with the regulations a letter of concern was sent, and action plans were requested on a fortnightly basis to ensure the required improvements had been put in place.

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

This inspection was undertaken following a six month period of special measures and was an announced comprehensive inspection on 19 December 2017.

This practice is still rated as inadequate overall.
(Previous inspection April 2017 was Inadequate).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The provider was rated as inadequate for safe, responsive and well led services and requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

Summary of findings

People experiencing poor mental health (including people with dementia) - Inadequate

At this inspection we found:

- Staff understood their responsibilities to raise concerns and report incidents. These were discussed with relevant staff on a regular basis. However, further improvements were still required in the investigation and analysis of significant events in order to correctly identify appropriate and relevant learning from incidents , review of common themes and ensure that necessary actions were taken. For example, missed referrals.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Most Disclosure and Barring checks were in place with the exception of a locum GP and a medicine delivery driver.Since the inspection the practice have told us the DBS checks are now in place.
- The practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe. Further work was still required in regard to significant events quality improvement to improve patient outcomes and dealing with complaints.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients we spoke with told us they found it difficult to use the appointment system. This aligned with the results of the national patient survey as only 64% describe their experience of making an appointment as good compared to the local (CCG) average of 75% and national average of 73%.
- The new processes introduced in respect of complaints required further embedding to ensure all complaints were captured, investigated and appropriate learning identified, shared and acted upon.
- At this inspection we still had concerns in regard to the clinical oversight and governance arrangements in place.
- There was limited quality improvement.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Ensure care and treatment is provided in a safe way to patients.

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- Complete actions from the infection control audit
- Ensure fire safety testing and legionella water monitoring is carried out as per practice policies.
- Improve the monitoring of prescribing to ensure it is in line with national clinical guidance and current best practice. For example, antimicrobial prescribing.
- Consider a review of the process for consent to ensure it is accurately recorded on the patient record.
- Ensure the nurse practitioner has regular clinical supervision.
- Ensure meeting minutes contain details of the discussions that have taken place.
- Review the system in place for tracking blank prescription forms and pads to ensure it meets the recommendations set out in current national guidance

This service was placed in special measures on 6 July 2017. Insufficient improvements have been made such that there remains a rating of inadequate for this inspection.

Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

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

Sleaford Medical Group

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, 2nd CQC inspector, a member of the CQC medicines team, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Sleaford Medical Group

Sleaford Medical Group provides primary medical services to approximately 18,166 patients. It covers Sleaford and surrounding villages.

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

At the time of our inspection the practice had four partners (three male, one female), three salaried GP's, two locum GPs, one HR & Business Manager ,one nurse supervisor, four minor illness nurses, eight health care assistants, one treatment room assistant, one practice co-ordinator, two reception supervisors, 10 medical receptionists, one dispensary manager, three dispensers, four dispensary assistants, two dispensary apprentices, 16 administration and data quality staff and one handyman.

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

Healthwatch Lincolnshire also attended the practice on the day of the CQC inspection. Whilst both CQC and Healthwatch inspections and reports were independent of each other, CQC and Healthwatch approached the visit collectively to avoid the practice being visited on two separate occasions and to allow Healthwatch to focus on the patient voice.

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

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

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

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

Sleaford Medical Group also provides an urgent care service at weekends and Bank Holidays which opens from 8.00am to 6.00pm. This was in addition to the GMS contract for the GP practice and was commissioned by the SouthWest Lincolnshire CCG under a service level

Detailed findings

agreement. This service is also available from 6.30pm to 8pm Monday to Friday. On arrival, patients are assessed and the injury treated by a trained nurse or doctor as appropriate. However in some cases it may be necessary to refer patients on to further treatment at a hospital. This service is available to patients whether or not they are registered with a GP, and can provide care for those not living in Sleaford or the surrounding area. The unit can care for patients attending with both minor illnesses and injuries and is a walk in service. The patients' own GP will receive a summary of the care received following the consultation so their notes can be updated accordingly. Any patient who cannot be treated will be referred as appropriate.

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

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated in many different languages by changing the language spoken. For example, patients from eastern europe.

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

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

Sleaford Medical Group 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.

Inadequate

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

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

The practice was rated as inadequate for providing safe services because:

- At our inspection in April 2017 we rated the practice inadequate for providing safe services. At this inspection the practice are still rated as inadequate as insufficient improvement in a number of areas was found.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The significant event analysis process needed further work to ensure details of the investigation, the action to be taken and what learning had taken place were documented on each significant event form and were shared with staff.

Safety systems and processes

During our inspection we found that some of the systems, processes and practices in place to keep people safe and safeguarded from abuse were not effective.

- The practice had an effective system in place to safeguard children and vulnerable adults from abuse. 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. Staff we spoke with were aware who the lead GP was. 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. All staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. The practice worked with other agencies to support patients and protect them from neglect and abuse. We saw that the practice had regular safeguarding meetings.
- The practice carried out Staff who acted as chaperones were trained for the role and had received a DBS check. However we found on the day of the inspection no DBS in place for the locum GP and medicine delivery driver. (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). Since the inspection the practice have told us the DBS checks are now in place.
- There was a system to manage infection prevention and control. An infection control audit carried out in April 2017 had an action plan in place. However on the day of the inspection we found outstanding actions that had not been completed. Since the inspection the practice have told us that most of the actions are now completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Systems to assess, monitor and manage risks to patient safety needed strengthening.

- The practice had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health, manual handling, lone worker, storage of oxygen, stress and violence at work. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw evidence that a rota system to ensure adequate staffing levels were maintained to meet the needs of patients.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We looked at the patient electronic record system and found that there was an inbuilt sepsis alert that followed NICE

guidance. We were also able to review a patient record where sepsis had been diagnosed and appropriate treatment had taken place. However we found that there was no evidence that the reception staff had received any training in recognising the signs of sepsis. We spoke to the management team who told us they would ensure that this took place. Since the inspection the practice have told us that recognition of sepsis training had been completed by the reception team.

Information to deliver safe care and treatment

Staff had some of the information needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- On the day of the inspection referral letters reviewed included all of the necessary information.
- The practice ran a minor illness service where patients were seen by clinical staff who had the ability to prescribe or refer to secondary care. They worked alongside the duty doctor. On the day of the inspection we asked to see the practice protocol for the prioritisation of patients who attended with newly presented illnesses and problems. The practice were not able to provide a protocol that provided guidance to staff.
- The minor injury service is open to both patients registered at the practice and those registered elsewhere. On the day of the inspection we asked to see the guidance provided to staff for these services as set out in the Lincolnshire Clinical Commissioning Group Service Level Agreement (SLA) dated January 2017. The SLA stated that the provider should have a protocol in place which outlines the actions and systems necessary to undertake the minor injury service. The management team were able to talk us through the process but did not have any documentary evidence to provide guidance to staff.

Safe and appropriate use of medicines

The practice's systems for appropriate and safe handling of medicines were not safe.

- We checked the arrangements for managing medicines at the practice. Medicines were dispensed for patients on the practice list who did not live near a pharmacy, and this was safely managed.
- There was a named GP responsible for the dispensary and we saw records showing all dispensary staff had received training appropriate for their role. The dispensary manager showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). SOPs had been regularly reviewed and a record was maintained to ensure staff had read them.
- The practice dispensed controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had an SOP in place covering their management. Controlled drugs were stored in a controlled drugs cupboard; access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and appropriate records were maintained.
- Repeat prescriptions were signed before being dispensed and there was a process in place to ensure this occurred. Blank computer prescriptions and pads were stored securely, however the system in place to track their movement did not meet the recommendations made in national guidance. The practice offered a home delivery service and four remote collection points for patients who could not collect their medicines from the practice. Dispensary staff kept appropriate records of medicines transferred to collection points, however they did not keep records of medicines which had been sent out for delivery.
- Dispensary staff regularly checked stock medicines were within expiry date. There were appropriate arrangements in place for the disposal of waste medicines, including controlled drugs, however there were no facilities for the safe disposal of cytotoxic medicines.
- The practice had a process in place to manage information about changes to patients' medicines received from other services, which was supported by

an SOP. We saw that work was underway to ensure details of medicines prescribed by secondary care were correctly recorded on the clinical system to support safe prescribing.

- Since the inspections in April and September 2017 improvements had been made in the safe handling of requests for repeat prescriptions, including high risk medicines. We checked 10 records for patients who were receiving high risk medicines and found they had all had the required monitoring carried out or the patient had been contacted to chase up outstanding blood tests.
- The practice had taken steps to audit their antimicrobial prescribing in the area of urinary tract infections, but more work was required to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance'.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The lead GP told us that for people with long term conditions, repeat medicines were re-authorised dependent on an annual medicines review. At our previous inspection in April 2017, we found the process in place for medicines reviews was not effective and large numbers of patients had not had medicines reviews within the last 12 months. We visited the practice again in September 2017 and found improvements had been made. 68% of patients had received a medicine review within the previous 12 months. At this inspection the practice told us they had completed all outstanding reviews. We asked to see a breakdown of when these had been completed, and by whom. We were concerned that the reviews which had been carried out were not effective and had not been conducted with the involvement of the patient where this was appropriate. For example:
- On 29 October 2017, 314 reviews had been carried out. 232 of these had been coded as carried out by the same doctor. Of the 314 patients reviewed, 51 were prescribed six or more repeat medicines, and 16 were prescribed 10 or more.
- On 20 November 2017, 403 reviews had been carried out. 359 of these had been coded as carried out by the same doctor. Of the 403 patients reviewed, 70 were prescribed six or more medicines, and 23 were prescribed 10 or more.
- On 18 December 2017, 238 reviews had been carried out. 232 of these had been coded as carried out by the same doctor. Of the 238 patients reviewed, 133 were prescribed six or more repeat medicines, and 64 were prescribed 10 or more. This meant we could not be sure patients were being properly reviewed to ensure their repeat medicines remained safe and appropriate, in particular those with long term conditions and those taking multiple medicines. In addition, doctors were not following the GMC guidance on reviewing medicines in Good practice in prescribing and managing medicines and devices, 2013. CQC have taken further enforcement action under Regulation 12 Safe Care and Treatment.
- Healthwatch Lincolnshire asked patients about their medication reviews. The majority of those on longer term medications such as antidepressants and blood pressure medication said they had not received a medication review.
- Since the inspections in April and September 2017 the systems for monitoring the cold chain, managing medical gases, emergency medicines and equipment minimised risks.
- The practice had a number of Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) in place to allow clinical staff to administer medicines in line with legislation. We reviewed two patient records and found the administration and batch number of influenza vaccinations had been recorded twice. We spoke with the practice who told us they would review both patients' records.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise but there was no evidence to suggest what mentorship and support they received from the medical staff for this extended role.

Inadequate

Are services safe?

Track record on safety

- The practice had undertaken risk assessments in relation to safety issues. For example, fire safety, legionella, monitor the safety of the premises.
- In relation to fire safety we found a risk assessment in place and evidence of regular checking and maintenance of fire equipment, fire alarm and emergency lighting and fire drills had taken place. However we found gaps in the testing of the fire alarm and emergency lighting when the responsible person was on annual leave. Since the inspection the practice have told us that arrangements are now in place to ensure fire safety checks are carried out when the responsible person was on annual leave.
- We looked at the arrangements in place for the management of legionella. A risk assessment had been carried out by an external company in April 2017 in order to mitigate the risk of legionella. (a bacterium which can contaminate water systems in buildings). Water temperature monitoring checks were carried out on a regular basis however they were not as per recognised legionella management guidelines. At the inspection the practice manager told us the checks would be carried out monthly on all areas of the practice. Since the inspection the practice have told us that monitoring of legionella water temperatures were now carried out in all areas on a monthly basis.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Lessons learned and improvements made

Systems were in place to enable staff within the practice to report and record significant events, however in some of the significant events we reviewed the practice did not evidence that learning and improvements were made when things went wrong.

- At the inspection in April 2017 we found that the Practice had a system in place for reporting, recording and monitoring significant events. However this was not always operated effectively. In September 2017 we found there was an improved system in place for reporting of significant events however further work was required to ensure the system was effective. At this inspection we found further improvements had been made and the process had been embraced by all the staff. However further work was still required in the investigation and analysis of significant events in order to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken.
- At this inspection we found 11 significant events had been raised since the last inspection in September 2017.We reviewed six significant events.
- For example, there was an incident on 19 June 2017 which was raised as a significant event on 3 November 2017 where a patient had been seen by a GP and told they would receive a referral for a scan. A month later patient contacted the practice as they had not had an appointment. It was found that a referral had not been sent. Two months later the patient still had not had an appointment and contacted the practice again. The referral had been made on the incorrect form and the correct referral was made four months later. We did not see any documentation of the impact or outcome of scan for the patient or evidence of an apology to the patient. A learning point had been identified in regard to training staff to use the correct referral form however issues with referrals were a common theme which required a further review on how this could be improved.
- Another significant event related to incorrect documentation in a patient record which resulted in a patient receiving a scan he did not need. On investigation it was found that the referral was done in error. We did not see any documentation on the impact or outcome of scan for the patient or evidence of an apology to the patient. A learning point had been identified in regard to staff ensuring that it was the correct patient and referrals should be done at the time and not left till the end of the day.
- The practice had also recorded a number of significant events that involved medicines, however these were not always adequately investigated and the resulting actions did not lead to a review or change of systems or processes to reduce the risk of errors reoccurring.
- The practice also used the DATIX system which is a computer process that enabled the staff at the practice to report incidents and significant events in regard to external providers and organisations.

Inadequate

Are services safe?

- At our inspection in April 2017, we found the system for ensuring patient safety alerts were actioned appropriately was not effective or embedded in the practice. In September 2017 we found an effective system had been put in place. At this inspection we found the practice responded appropriately to medicines alerts, medical device alerts, and other patient safety alerts, and we saw records of the action taken in response to these. In the dispensary we found that staff kept a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary); we saw these were discussed with the dispensary team to share learning and prevent reoccurrence.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and inadequate across all population groups.

The provider was rated as inadequate overall. The concerns which led to these ratings apply to everyone using the practice, including the population groups.

The practice was rated as requires improvement for providing effective services because:

- There was limited evidence of quality improvement.
- The process for obtaining consent was not monitored through patient records audits.
- No clinical audits had taken place iin respect of minor surgery carried out at the practice.
- No clinical supervision for clinical staff who carried out extended roles.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.74 compared to a CCG average of 0.79 and national average of 0.9.
- The average number of antibacterial prescription items prescribed per Specific Therapeutic Group was 1.24 compared to a CCG average of 1.09 and national average of 0.98.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 6.11% compared to a CCG average of 5.26% and national average of 4.71%

Older people:

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

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- Routine weekly visits were scheduled for the five local care homes where patients were resident. Urgent requests were responded to on the same day.
- Patients aged 75 years and over were not offered a NHS Health Check,however these patientswere entitled to a practice led health check and could book an appointment if required.
- The achievements for indicators related to Rheumatoid Arthritis was 95% which was the same as the CCG average and 3% above the national average.
- The achievements for indicators related to Osteoarthritis was 70% which was 10% below CCG average and 16% below national average.
- 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. Care plans were in place for 422 patients which was 2.3% of the practice population.

People with long-term conditions:

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

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 95.6% which was 2.9% above the CCG average and 3.8% above the national average. Exception reporting was 4% which was 0.5% below the CCG average and 1.5% below national average.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma was 81% which was 1.9% below the CCG average and 4.6 % above the national average. Exception reporting was 3.3% which was 1.7% below the CCG average and 4.4% below national average.
- In those patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86% which was

Requires improvement

Are services effective?

(for example, treatment is effective)

1.3%above the CCG average and 3.1% above the national average. Exception reporting was 4% which was 0.5% above the CCG average and the same as the national average.

- In those patients COPD who had had a review, undertaken by a healthcare professional was 97.5% which was 3.2% above the CCG average and 7.1% above the national average. Exception reporting was 6.7% which was 1.8% below the CCG average and 4.6% below national average.
- Of those patients eligible 84% had attended for diabetic eye screening which was above the CCG average of 78%.
- 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 was 85% which was below the CCG average of 90% and national average of 88%.

Families, children and young people:

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

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the CCG/ national averages of 90%. For example, rates for the vaccines given to under two year olds ranged from 94% to 98%. Vaccine rates for age five years old was 95%.
- We were told that the practice had carried out health promotion campaigns. For example, in relation to a nasal medicine to prevent influenza.

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

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

- The practice's uptake for cervical screening was 78%, which was in line with the CCG target for the national screening programme but below the national target of 80% coverage
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 63.4% of patients eligible had attended for bowel cancer screening which was above the CCG average of 61 % and national average of 60%.
- Of those patients eligible 74% had attended for breast cancer screening which was below the CCG average of 77% and above the national average of 70%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had 55 patients on their current register.
- The practice had 78 patients on a register who were living with a learning disability.
- On the day of the inspection the practice did not have any homeless people on their register.

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

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

- For those patients diagnosed with dementia 84.8% had their care reviewed in a face to face meeting in the previous 12 months. This was 3.2% below CCG average and 1.1% above national average.
- For those patients experiencing poor mental health 94% had received discussion and advice about alcohol consumption. This was the same as the CCG average and 3% above the national average.
- For those patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses 95% had a comprehensive, agreed care plan documented in the previous 12 months. This was 3% above the CCG average and 5% above the national average.
- For those patients with schizophrenia, bipolar affective disorder and other psychoses who 92% had had a record of blood pressure in the previous 12 months which was 0.6% below the CCG average and 1.6% above the CCG average.

Requires improvement

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

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

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

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 95.6% which was 2.9% above the CCG average and 3.8% above the national average. Exception reporting was 4% which was 0.5% below CCG average and 1.5% below national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 81% which was 1.9% above the CCG average and 4.6% above national average. Exception reporting was 3.3% which was 1.7% below the CCG average and 4.4% 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 86.5% which was 1.3% above the CCG average and 3.1% above the national average. Exception reporting was 4% which was 0.5% above the CCG and national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 97.5% which was 3.2% above the CCG average and 7.1% above the national average. Exception reporting was 6.7% which was 1.8% below the CCG average and 4.6% below national average.

There was limited evidence of quality improvement including clinical audit.

- We asked to see examples of quality improvement activity, for example prescribing audits. One full-cycle audit had been completed and an audit schedule was in place to ensure further audits were carried out in 2018. Whilst we saw benchmarking data had been obtained, no action plan or outcome had been agreed to drive forward improvements in prescribing in line with local priorities'.

Effective staffing

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

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and the practice could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals and support for revalidation. However there was no evidence of a system for clinical supervision for nurses working in extended roles such as minor illness and injury or as a nurse prescriber.
- The induction process for healthcare assistants included the requirements of the Care Certificate.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice employed a practice care co-ordinator whose role enabled them to make decisions based on patient assessments and create or alter care plans based on individual needs and were shared with the relevant agencies.
- Sleaford Medical Group was a host practice for the Sleaford Neighbourhood Team. They worked with health and social care organisations across Sleaford and Grantham. It brought together health and social care professionals which included GPs, community nurses,

Requires improvement

Are services effective?

(for example, treatment is effective)

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

- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- On the day of the inspection we looked at the process the practice had in place for the review of pathology results. We found that the practice had reviewed all blood results up to 17 December 2017 and had 88 results to be reviewed from 18 December 2017.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. However we found that patient's electronic records did not always reflect the discussions that had taken place.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

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

Consent to care and treatment

The practice did not always document when they had obtained consent to care and treatment in line with legislation and guidance.

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

We found records we reviewed varied in terms of documented evidence that consent had been discussed prior to treatment. For example, minor surgery carried out each month. We reviewed five records and saw that consent forms had been signed but the practice told us they had a backlog so these had not been scanned onto the patient records. No audits in regard to minor surgery or consent.

Requires improvement

Are services caring?

Our findings

We rated the practice as requires improvement for caring services and all of the population groups as inadequate.

The provider was rated as inadequate overall. The concerns which led to these ratings apply to everyone using the practice, including the population groups.

The practice was rated as requires improvement for caring because:-

- Staff treated patients with kindness, respect and compassion.
- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care.
- Information for patients about the services available was accessible.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- On the day of the inspection we observed that the practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received feedback from 31 patients about the service experienced. They had completed Care Quality Commission comment cards and 30 were positive about the care and treatment received. They told us that the care was of a high standard and professional. Staff were respectful, caring and very helpful. One negative comment was in regard to access to appointments with a particular GP.
- Our inspection was carried out concurrently with Healthwatch Lincolnshire (HWL). Whilst both CQC and Healthwatch inspections and reports were independent of each other, CQC and Healthwatch approached the visit collectively to avoid the practice being visited on two separate occasions and to allow Healthwatch to focus on the patient voice. They spoke with 39 patients. Patients they spoke with felt that staff had a difficult job to do and they did the best they could in a kind and friendly manner.

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Results from the July 2017 national GP patient survey showed that patient's satisfaction

when asked if they were treated with compassion, dignity and respect was below CCG and national average. The practice were below CCG and national averages for most satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 88% of patients who responded said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 86% of patients who responded said the nurse gave them enough time compared to the clinical commissioning group (CCG) average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared to the clinical commissioning group (CCG) average of 98% and the national average of 97%.

Requires improvement

Are services caring?

- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Healthwatch Lincolnshire asked patients if they felt that they received enough time during their appointment to address their concerns. 78% of patients said they felt listened to and 'where they wanted' felt involved in choices about their care. A small percentage said they didn't want to make choices about their treatment and care and were happy for the clinician to make those decisions for them. 22% of patients spoke to were less satisfied with time and communication provided during appointments. They described a difference between nurse and GP appointments. Patients were more satisfied being treated by the nursing team than the GPs where they felt they were rushed in some cases.

We saw that the practice were aware of the reduced performance in the recent survey results published in July 2017. The practice had gone on to undertake their own survey in November 2017 but this did not contain any questions for patients to answer in relation to if they were treated with compassion, dignity and respect with the exception of one question in which 98% of patients who responded said they found the receptionists at the practice helpful. However the practice had completed a national GP survey action plan in response to these findings in order to make improvements. Once of the actions identified which we say had been completed was further discussion with GP partners and GP trainees in relation to the use of new templates on the electronic system to ensure enough time is given with care and concern.

Involvement in decisions about care and treatment

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (AES - a requirement to make sure that patients and their carers can access and understand the information they are given):
- Interpretation services were available for patients who did not have English as a first language.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by asking at the point of registration if patients were carers and opportunistically during consultations and contacts with patients. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 214 patients as carers (1.2% of the practice list). We saw that the list was regularly reviewed and updated.

- There was a carers pack available in the practice to signpost carers to relevant sources of information and support. A range of information was also available through the practice website.
- Staff told us that if families had experienced bereavement, if it was appropriate to do so their usual GP contacted them and offered support. A member of staff had carried out research in to bereavement services available locally to ensure the practice provided relevant and up to date information and guidance to families who had suffered a bereavement. There were leaflets available for adults and young people which provided guidance and signposting relevant to those who had suffered a bereavement. For example, signposting to the Palliative Care Coordinator in order to access bereavement counselling. This information was also available through the practice website.

Results from the July 2017 national GP patient survey showed that patient's satisfaction when asked about their involvement in planning and making decisions about their care and treatment was below CCG and national average.

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

Requires improvement

Are services caring?

- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

We saw that the practice were aware of the reduced performance in the recent survey results published in July 2017. The practice had gone on to undertake their own survey in November 2017 but this did not contain any questions for patients to answer in relation to their planning and making decisions about their care and treatment. However the practice had completed a national GP survey action plan in response to these findings in order to make improvements. Once of the actions identified which the practice told us had been completed was the implementation of new templates that have patient information leaflets for GPs to print off for patients to provide information.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- On the inspection day we found that the practice complied with the Data Protection Act 1998.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice and all the population groups as inadequate for providing responsive services.

The practice was rated as inadequate for being responsive to people's needs because:

- 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.
- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care.
- Patients told us they were not able to access care and treatment from the practice within an acceptable timescale for their needs.
- Complaints and concerns were taken seriously and in most cases responded to appropriately. However it was not clear from meeting minutes what learning had been shared with staff and whether actions identified had been completed.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, minor injury unit and urgent care centre).
- The facilities and premises were appropriate for the services delivered.
- On the day appointments were available for the minor injuries unit (MIU). The MIU was open from 8.30am until 6.30pm Monday to Friday . The service was provided by practice nurses who had skills and experience in dealing with minor accidents or injuries which had occurred within 48 hours.
- The practice had extended opening hours every day of the week which were particularly useful to patients with work commitments.
- A TV screen in the waiting room provided information to patients.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, information in a number of other languages.
- The practice had considered and implemented the NHS England Accessible Information Standard of the Accessible Information Standard (AES - a requirement to make sure that patients and their carers can access and understand the information they are given.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- 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 were responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided primary care services to five local care home. GPs visited on a weekly basis to review service users and any urgent requests were also carried out. We received positive feedback from the care home who told us they were looked after really well. Having a GP visit on a weekly basis ment their medical needs were being met.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- The practice employed a practice care co-ordinator. Their role enabled them to make decisions based on patient assessments and create or alter care plans based on individual needs.
- The practice had an effective 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.

People with long-term conditions:

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

- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- 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.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice did not consistently carry out structured annual medicine reviews for older patients.

Families, children and young people:

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and on the same day when necessary.
- The practice ran a minor injury service five days a week.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of antenatal, postnatal and child health surveillance clinics.

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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and access to the urgent care centre at weekends.
- The practice were proactive in offering on-line services which included booking appointments and ordering repeat medicines.
- The practice participated in the electronic prescription service so that patients could collect their medicines from a pharmacy of their choice.
- Text reminder service was available to patients to help reduce wasted appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

- Feedback from the care homes we spoke to was very positive regarding the services provided to their service users.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 78 patients registered with a learning disability and 88% had received a review in the last 12 months.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were

aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 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 had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Timely access to the service

Patients told us they were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients spoken to by Healthwatch Lincolnshire patients did not find the appointment system was easy to use.
- A self-check-in system was situated in the waiting area so that patients could book themselves in directly instead of queuing at reception.
- A TV screen in the waiting area acted as a patient calling system and informed the patient when a GP/Nurse was ready to see them. It also displayed a wide range of health information.
- The practice had a triage system in place. The reception team followed a protocol which allowed for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were below local and national averages. 221 surveys were sent out and 114 were returned. This represented about 0.63% of the practice population.

- 78% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 60% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 71%.
- 20% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 57% and the national average of 56%.
- 73% of patients who responded said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 64% of patients who responded described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 44% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

Healthwatch Lincolnshire asked a question about appointments and 58% of patients spoke to told them that the wait to see a GP was around three weeks and that if they needed an urgent appointment they had to see a nurse practitioner. They also said that getting an appointment on the day with a nurse was generally achievable but only if you phoned the practice at 8am and were in the queue, patients who phoned later in the day were generally told to call back the next day at 8am.

We saw that the practice were aware of the reduced performance in the recent survey results published in July 2017. The practice had gone on to undertake their own

survey in November 2017 and a practice patient survey action plan was now in place. 360 surveys had been completed which was 1.90% of the patients registered with the practice.

- 79% of patients who responded said they could get through easily to the practice by phone.
- 86% of patients who responded said their last appointment was convenient compared.
- 17% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment whilst 53% did not ask for a specific GP or nurse. 70% were offered an appointment with another GP and of those 78% found the appointment to be satisfactory.
- 79% of patients who responded described their experience of making an appointment very good or fairly good.
- 91% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 90% of patients who responded described their experience of the practice as very good or fairly good.

From the 39 patients spoken to on the day of the inspection by Healthwatch Lincolnshire, all expressed concern over the appointment system and the time they had to wait to be seen once they had arrived at the practice. We fed back this information to the management team at the end of the inspection.

Listening and learning from concerns and complaints

At our inspection in September 2017 we found that the practice had taken some steps to address the issues with the complaints system which had been identified at our inspection in April 2017 as they had identified the weaknesses in their systems but had not implemented the necessary improvements required.

At our inspection in September 2017 we found that the practice did not have an ongoing overview of complaints received and there was not a clear process to record actions, outcomes or learning in respect of each complaint.

At this inspection we found that there had been further improvement but the new processes implemented still required further embedding.

There was information in the reception area to help patients understand the complaints system which included information about advocacy services to support patients through the process of raising an NHS complaint. The complaints procedure was also available on the practice website. Complaint forms were now available in reception.

The practice had reviewed and updated their log of complaints so that all complaints were on a single log and each had a unique identifier. However the identifier was not being used when complaints were discussed at meetings and therefore it was still not always clear from meeting minutes which complaints had been discussed and what progress had been made. The practice had also introduced a new complaint form in order to enable actions relating to each complaint to be recorded and monitored and the outcome and learning identified.

The practice had recorded 37 formal complaints from January 2017 up to the date of our inspection and we reviewed four of these. Three had been appropriately responded to, however the documentation relating to one of these complaints indicated that learning had been identified and that this had been disseminated but there was no evidence that this had taken place.

We looked at the patient record relating to the fourth complaint we reviewed and found that the response the practice had made to the complaint did not effectively answer the issues raised. There was no documented discussion of the complaint within the practice and the practice had not recognised the complaint as a significant event. There was no learning or actions identified as a result of the complaint to prevent a reoccurrence.

In response to previous concerns raised about the lack of availability of the practice manager to speak to in respect of complaints the practice had now introduced a Friday morning clinic with the practice manager whereby they were available to speak to patients regarding complaints, either face to face or on the telephone. We asked to see documentation in regard to these sessions in order to identify actions taken as a result. The practice manager told us that the notes from these interactions were handwritten and later in the inspection provided a spreadsheet which documented 27 appointments which had been held since the beginning of October 2017. These were a combination of face to face and telephone appointments. None of these were taken to a formal complaint and none were recorded as significant events.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

However one example relating to a delay in treatment caused by blood samples being taken incorrectly on two occasions should have been treated as a significant event in order to avoid a repetition. Additionally the action stated was that the patient required an update by email or letter and there was no evidence that either had been sent to the patient.

Are services well-led?

Inadequate

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

Our findings

We rated the practice and all of the population groups as inadequate for providing a well-led service.

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

The practice was rated as inadequate for well-led because:-

- At our inspection in April 2017 we rated the practice inadequate for providing a well –led service. At this inspection the practice are still rated as inadequate as governance arrangements were not always operated effectively to ensure clinical oversight of the provision of regulated activities.
- We found that the leadership needed to be strengthened further in supporting the improvements required and the GP partners still needed to demonstrate strong leadership in respect of safety and good governance.
- The practice had some awareness of the duty of candour however some of the systems and processes in place were still not effective and did not ensure compliance with the relevant requirements.
- Patients were at risk of harm because some systems and processes in place were not effective to keep them safe. For example, medicine reviews.
- Further improvements were still required in relation to significant events and complaints.
- There was limited evidence of quality improvement including clinical audit.

Leadership capacity and capability

At our inspection in April 2017 we found that overall leadership was not effective. Although the practice was positive about future plans, we found a lack of accountable leadership and governance relating to the overall management of the service. It was not clear from the leadership structure who took overall responsibility for the practice. The practice were unable to demonstrate strong leadership in respect of safety.

At the inspection in September 2017 we found that the leadership had strengthened considerably and areas of responsibility had been identified. There was an updated documented leadership structure and it was clear who took overall responsibility for the surgery.

We found at this inspection that the leaders did not always demonstrate that they had the capacity and skills to deliver high quality sustainable care. We found that the partners and practice management team were experienced in the delivery of care but there was still a lack of co-ordinated strategy and approach in place to ensure all the required improvements were put in place. Whilst we found a number of improvements had been put in place there was still insufficient assurance that the GP partners had overall clinical oversight of the provision of the regulated activities to ensure compliance with the Health and Social Care regulations. For example, in relation to medicine reviews, significant events and complaints. Whilst we also acknowledge improvements in both significant event analysis and receiving and responding to complaints we still had concerns over the lack of clinical insight in particular with reference to patient impact and outcomes. We found that the leadership and clinical oversight needed to be strengthened further to support the improvements required and the GP partners still needed to demonstrate strong leadership in respect of safety and good governance.

- Management responsibilities were split between various members of staff. Staff who led in key areas were aware of their responsibilities.

Vision and strategy

We looked at the practice website. They identified that they they wanted to provide a service that cares, listens and respects patients.

- The practice did not have a documented strategy but at the inspection articulated plans for the future regarding reviews of clinical skill mix, looking at seven day working in line with the GP Five year forward view and putting plans in place for the additional demands on the service from local secondary care changes.
- The practice charter is to provide excellent general medical care in the setting of a happy practice which provides fulfilment for patients, doctors and staff.
- The practice developed its vision and values with staff.

Are services well-led?

Inadequate

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

- The practice had formalised arrangements in place, such as weekly partner and management meetings, fortnightly QOF, clinical and departmental meetings, monthly safeguarding and palliative meetings and quarterly full practice meetings. We reviewed meeting minutes of these meetings and found a wide range of discussions had taken place. The minutes would benefit from more detail to include the discussion that has taken place, actions, person responsible and learning to be shared with others.

Culture

The practice did not always demonstrate it had a culture of high-quality sustainable care.

- Staff we spoke with told us they felt respected, supported and valued. They were proud to work in the practice.
- The practice staff told us they were focussed on the needs of the patient's however there were areas where performance was below local and national averages.
- Openness, honesty and transparency was not always demonstrated when responding to significant events, incidents, medicine reviews and complaints.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They told us they had confidence that these would be addressed.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. However although there was an awareness of the duty of candour we saw at this inspection that when things went wrong those were affected were not always informed. The records we saw made it difficult to see how issues such as significant events and complaints were being effectively managed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. Whilst they were given protected time for professional development we did not see any evidence of clinical supervision for those that carried out extended roles.
- Staff had received equality and diversity training. Staff we spoke with told us they felt they were treated equally.
- On the day of the inspection we observed positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support a governance framework but not all the systems in place operated effectively.

- Staff were clear on their roles and accountabilities in regard to infection prevention and control.
- Systems were in place to enable staff to report and record significant events. Further work was required to ensure details of the investigation or what actions and learning had taken place were documented on each significant event form.
- There was an effective system in place to safeguard service users from abuse and improper treatment.
- Patients' health was not always monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.
- There was limited evidence of quality improvement including clinical audit. However clinical meetings took place on a regular basis. We saw evidence of the meetings that had taken place but minutes of the meetings did not reflect the discussion that had taken place.
- The new processes introduced in respect of complaints required further embedding to ensure all complaints were captured, investigated and appropriate learning identified, shared and acted upon.

Managing risks, issues and performance

Not all the processes in place to manage risk were effective.

- There were systems to assess, monitor and manage risks to patient safety.
- The practice's systems for appropriate and safe handling of medicines need to be improved.
- There was a system for receiving and acting on safety alerts. On the day of the inspection we found the

Are services well-led?

Inadequate

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

practice responded appropriately to medicines alerts, medical device alerts, and other patient safety alerts, and we saw records of the action taken in response to these.

- There was limited evidence that quality improvement which included clinical audit was driving change within the practice or having a positive impact on the quality of care and outcomes for patients.
- The practice manager had oversight of significant events, incidents and complaints.
- The practice had continuity and recovery plans in place.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. There was some evidence of the practice reviewing information provided by the SouthWest Lincolnshire CCG and acting on this, for example, in relation to urgent care centre and the reduction in attendances to accident and emergency due to the provision of this service.
- At this inspection we saw evidence that the national patient survey data for July 2017 had been reviewed and actions put in place to improve the areas of concerns identified by the patients registered at the practice. The practice had also carried out their own survey and had an action plan in place to also address the areas of concerns raised by patients.
- The practice held a variety of meetings where quality and sustainability were discussed and relevant staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required. For example, Datix.
- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support the delivery of services.

- There was an active patient participation group. We spoke with the PPG chairperson who told us that since being appointed to the role they had working with the management team and members of the PPG and now had plans in place. They told us that in 2018 they would continue to develop the PPG, explore different ways of gathering feedback from patients and working with the practice to improve services.
- The practice had started to gather feedback from patients through the patient participation group (PPG) and through a recent survey carried out in November 2017. PPG meetings now took place monthly and we were told that minutes would be made available thought the practice website and on information boards in the waiting area.
- We reviewed the practice data for NHS Family and Friends (FFT). In August 2017, 76% of patients who completed a FFT card would recommend the practice, 80% in September 2017 and 81% in October 2017.
- Our inspection was carried out concurrently with Healthwatch Lincolnshire. Whilst both CQC and Healthwatch inspections and reports are independent on each other, CQC and Healthwatch approached the visit collectively to avoid the practice being visited on two separate occasions and to allow Healthwatch to focus on the patient voice. They spoke with 39 patients.
- The practice had gathered feedback from staff through meetings and day to day discussions. Staff told us they were able to be open in making suggestions and provide feedback. They would not hesitate to discuss any concerns with colleagues or the GP partners and they had been able to contribute in improvements since the last inspection. Staff told us they took part in social events such as 'Fruit Friday' where all staff joined together for lunch and team outings.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. The provider must:- • Continue to review the system in place for significant events to ensure all events are captured, investigations are detailed, actions are identified and implemented. Common themes are reviewed. Ensure trends are analysed and action is taken to improve the quality of care as a result • Provide guidance to staff in relation to the minor injury and urgent care service carried out at the practice. • Ensure Disclosure and Barring Checks are in place for all relevant staff. • Further review the arrangements in place for quality improvement to monitor and improve patient outcomes. • Improve patient satisfaction • Further consolidate the complaints process and ensure all complaints are captured and learning from complaints is documented, discussed and shared with staff. Ensure trends are analysed and action is taken to improve the quality of care as a result. • Ensure there is leadership capacity and clinical oversight in the practice. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider failed to ensure that care and treatment was provided in a safe way to patients. The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not assessed risks associated with medicine reviews • Put an effective system in place to ensure the health of all patient's is monitored in a timely manner and ensure medicines being used are safe and followed up on appropriately. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014