

Care Quality Commission

Inspection Evidence Table

Lakeside Healthcare at Bourne (1-6682225845)

Inspection date: 28 June 2022

Date of data download: 01 June 2022

Overall rating: Good

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
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	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:	
<ul style="list-style-type: none">The practice had systems and processes in place to ensure patients were safeguarded from harm. The practice had a safeguarding lead who attended regular weekly multidisciplinary team (MDT) meetings with the safeguarding team to discuss cases. Safeguarding concerns were escalated to the practice's central Safeguarding Team and any action required was taken (e.g. referral to Social Services). We were told and we could see that staff could send a task to or telephone the safeguarding team for advice.The central safeguarding team comprised nurses and social workers. It covered both Adult and Child Safeguarding. The safeguarding team produced reports for case conferences and attended meetings. The practice bordered four counties and the safeguarding team had developed close	

Safeguarding	Y/N/Partial
<p>links with different Social Services teams responsible for safeguarding.</p> <p>The adult and children safeguarding policies were overarching corporate policies. The Lakeside safeguarding team were designated to deal with any referrals, there was also reference in the policy to the fact that staff could make referrals directly rather than in-house if necessary. The policy did not provide the details or reference to local safeguard contacts. However, we did see contact details were available in clinical rooms.</p> <ul style="list-style-type: none"> • Most staff had received appropriate safeguarding training. Safeguarding training was provided online. They also had a rolling in-house training programme provided by the Safeguarding Team to ensure that all staff have done the required level and amount of safeguarding training over a three year period. This training included sessions on domestic abuse, female genital mutilation (FGM) and radicalisation. 	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes ¹
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. At this inspection we reviewed the records held for staff immunisations. The records were held by the central support function at Corby. When we reviewed the records for the staff who worked at the practice we found that not all the records were complete. The management team were still waiting for staff to provide the required information. The records did annotate that the staff member had requested the information from their GP practice but their childhood immunisations had not been recorded so therefore we did not have full assurance that staff and patients were protected. 2. Most staff recruitment checks were kept on RADAR (practice management system) with the exception of some long standing staff where paper copies of files were still in use. 3. As part of the primary care network (PCN) the practice had access to staff employed to work across the PCN in a shared approach. The management team had confirmation that the recruitment checks had been carried out in accordance with regulations for PCN staff. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 14 December 2021	Yes ¹
There was a fire procedure. Date of fire risk assessment: 14 December 2021	Yes ²
Actions from fire risk assessment were identified and completed.	Yes ²
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. Health and Safety risk assessments were in place and actions from them had been completed. However, we found a number of blinds that did not have the required safety catches in place. We spoke with the management team who told us they would immediately review all the blinds within the building. 	

2. A fire safety protocol was in place which provided guidance to staff on what to do if a fire broke out but it needed a set schedule for fire safety checks such as the fire alarm, fire extinguishers and emergency lighting testing. Charts we reviewed were not consistent on how often these were checked.
3. A comprehensive fire risk assessment had been completed. We saw that three actions had been highlighted as high and the action plan identified that these had all be completed.
4. A comprehensive legionella risk assessment had been completed on 13 June 2022. We saw that there were two red and three medium actions identified. One action that had not been completed and was discussed at the inspection was the differing views of the person who carried out the monthly water temperature testing and the external company who did the risk assessment. This was in relation to the hot water temperature testing where the temperatures fell below 50 degrees Celsius. The management team told us they would seek further guidance and clarification and advise CQC on the outcome. Since the inspection they had received further advice on monitoring the water temperatures going forward and this will be implemented for the monthly tests.
5. We saw the records in relation to portable appliance testing (PAT) or visual inspection by a competent person: Date of last inspection/test: 16 December 2021.
6. There was a record of equipment calibration. Date of calibration: 31 August 2021.
7. A gas safety check had been completed on 26 October 2021
8. An electrical installation condition report had been completed on 15 May 2021.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: August and September 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes ¹
The arrangements for managing waste and clinical specimens kept people safe.	No ²
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. There were systems and processes for assessing the risk of, and preventing, detecting and controlling the spread of infections including those that are health care associated. There was a nurse lead who had completed the appropriate training in order to provide support and guidance to staff. Infection control audits had been completed and there was an action plan which was reviewed by the lead nurse on a three monthly basis. The practice had an Infection Prevention and Control Policy. This was a corporate policy and so did not include details of the named infection control lead for the practice, however all the staff we spoke with knew who the infection control lead was and were able to go to her for support and guidance where required. 2. The practice had arrangements in place for managing waste but on the day of the inspection we found that the clinical waste bins were unlocked and not held within a secure area. The management team told us they would address this after the inspection. 	

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a risk register which was accessible via RADAR (practice management system). This register was regularly reviewed and could be reviewed at meetings held by the Lakeside Healthcare Partnership. Staff we spoke with told us that there was enough staff at present to carry out their role. Over the past six months there had been some changes in staff but there were many who had worked at the practice for over 10 years. 	

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
Referrals to specialist services were documented, contained the required information and 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 ¹
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> During the remote access of the clinical system we reviewed a random sample of patients records. These searches indicated that systems were in place to review and act upon information received by the practice, including test results in a timely manner. 	

2. The practice had a system in place to ensure that test results and information relating to patients were acted upon in an appropriate and timely manner.
3. During the remote access of the clinical system we reviewed a random sample of patient records and found referrals and test results had been acted upon promptly and in accordance with best practice guidance.

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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.09	1.01	0.79	Tending towards variation (negative)
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). (01/04/2021 to 31/03/2022) (NHSBSA)	9.6%	11.6%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.85	5.42	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	161.1‰	218.7‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.64	0.84	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	6.1‰	8.5‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes

Medicines management	Y/N/Partial
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.	Yes ⁶
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 ^{1 and 2}
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 ^{3 and 4}
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 and Improvement 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 ⁵
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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
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 UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> Part of the inspection included remote searches of patient clinical records. This was in agreement with the GP practice. We used a suite of clinical searches, reviewed some patient medical records and then discussed these searches with the GP partners on the day of the inspection. Lakeside Healthcare Partnership had a medication review policy which was available to all locations under their registration. However, Lakeside Healthcare at Bourne also had their own policy entitled 'Medication Reviews for Clinicians 2022'. This enabled the clinical team to see a clear plan of action, prevent repeated administration tasks and reduce the time needed to document the review. GP partners carried out the medication reviews and completed a template within the patient record system. The 	

protocol set out that if there was not a plan in place, the clinician was to use the 'medication review due' protocol which clearly set out what was required, for example, blood tests, measurement of blood pressure or a repeat heart tracing and who was to be advised via the practice intranet system on who was responsible for what tasks for each patient. Whilst these reviews were not full structured medication reviews, they were able to demonstrate that they had considered the potential concerns with the treatments prescribed and had safety netting in place.

However, we found, in all the 10 patient records we reviewed, that there was not a consistent approach to linking a prescribed medicine to a medical condition in the consultation notes to ensure that clinical staff or other health professionals could see clear and accurate information about the patients for them to consider as part of their clinical care. It was evident that the safety netting mechanism in place was driven by reducing the number of script issues to enable appropriate contact and monitoring of the patient. We spoke with the Lead GPs who told us that they would discuss further how they would ensure medicines were linked to a medical condition going forward. We were told and we saw that Clinical Pharmacists carried out the structured medication reviews for particular patient groups, for example, those who reside in a care home, patients with long term conditions and those patients who take 15 medications or more.

Six monthly searches were carried out by the deputy practice managers to find patients who are non-compliant with their medicines, for example, not collecting their repeat prescriptions or have just stopped without discussion with their GP.

2. Two administrators managed the repeat prescription service. We saw that this was managed effectively and safely. The administrators identified those patients who required monitoring for their prescribed medicines and ensured that they responded appropriately when it was identified that monitoring was due (for example, by sending a task to the GP). The consistency provided by the two administrators meant they had established a good rapport with patients and as such this helped them identify when patients may need additional support or a clinical review.
3. We saw evidence that monitoring was undertaken routinely for the management of patients on high risk medicines. We carried out searches on high risk medicines such as Disease Modifying Antirheumatic Drugs (DMARD). We found 44 patients on this medicine of which 40 had received the required monitoring and work was in progress to contact the outstanding four patients so that an appointment could be made.
4. We also reviewed patients on Direct Oral Anticoagulants (DOACs). There were 331 patients on this medicine. 321 had received the required creatinine clearance (blood test) monitoring according to their most recent blood test and work was in progress to contact the outstanding 10 patients so that an appointment could be made.
5. The practice were aware that they had prescribed a higher number of antibacterial prescription items. At the inspection they told us they were working with the practice clinical pharmacist to review these figures and to discuss antibiotic prescribing with all the clinicians.
6. GP partners carried out regular informal reviews and discussions relating to prescribing practice of staff who were employed in advanced clinical practice to ensure that care and treatment which included prescribing was appropriate. However, no formal audits had been completed.

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
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. 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.	Partial ¹
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, 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
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> • The dispensary was well organised, clean and managed effectively. The dispensary provided medicines to approximately 3,000 (25%) of the practice's registered patients (those who resided more than one mile from a pharmacy), and dispensed approximately 96,000 items per year. Turnaround times for dispensing medicines were 48 hours at the time of our inspection. • There was a GP partner responsible for dispensary services. However, we were told that the lead GP and other partners did not regularly go into the dispensary to talk with the team or review processes, nor did they attend any of the dispensary team meetings. However, Lakeside had recently appointed a pharmacist who had made excellent links with the dispensary team. Although the pharmacist was based at Corby, they regularly attended the dispensary, and we saw that the team greatly valued their support and advice. • All members of the dispensary team had completed National Vocational Qualification (NVQ) Level 2 training. All dispensers received annual competency checks. • The dispensary team recorded significant events although there had not been any recent events which had been classed as such. The team also recorded near misses. These had been reviewed by the dispensary team at the monthly dispensary team meetings where any learning was identified and shared, but these were not fed into the wider 	

reporting system or practice meetings. However, the visiting pharmacist was now involved in reviewing the near misses which helped to look into them in more depth if necessary and to potentially consider more learning points.

- The practice was signed up to Dispensary Services Quality Scheme (DSQS). The scheme is voluntary and rewards organisations for providing high-quality services to dispensing patients. As part of the scheme, the practice undertook an annual Dispensing Review Use of Medications (DRUMs) to review an aspect of dispensing, and most recently this had been undertaken on anticoagulant medicines.
 - Whilst security arrangements were in place to control access into the dispensary, we observed a former hatch between the dispensary and reception which was not appropriately secured. The practice informed us that they would address this. Appropriate security arrangements were in place for any staff accessing the dispensary such as cleaning contractors.
1. The dispensary delivery service included deliveries to four post offices to help those patients in more rural collections access their medicines more easily. We observed that the dispensary manager undertook regular visits to these locations to risk assess arrangements to ensure the system was safe and worked effectively. These risk assessments were documented. There was a standard operating procedure (SOP) defining the home delivery service, but there were no specific risk assessments to cover potential situations including car accident/breakdown and adverse weather for example. The practice told us they would review this and update their SOP.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong but documentation needed further work.

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.	Partial ¹
Number of events recorded in last 12 months:	37
Number of events that required action:	37
Explanation of any answers and additional evidence:	
At this inspection we reviewed the system in place for recording, investigating and learning from significant events, The practice had an Incident, Serious Incident and Near Miss policy. This was a corporate policy and so did not include details of the named lead for the practice, however the management team told us one of the GP partners was the lead and staff we spoke with knew who to go to for support and guidance where required. Significant events were managed through the RADAR (practice management system) and the policy.	

Staff we spoke with told us there was a safety culture in which all safety concerns raised were valued and integral to learning and development.

1. We saw that significant events were discussed at some meetings. On the day of the inspection the management team acknowledged that discussions and sharing of actions and learning for both significant events and complaints needed to be improved going forward. We reviewed a practice update dated 21 June 2022 and found the practice had advised staff that they were aware that learning from significant events/incidents and complaints had not been shared with the whole practice and going forward these would be shared in the regular updates sent out to staff. They identified that the annual review was planned for July 2022.

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

Event	Specific action taken
A child had received an immunisation at the wrong age. There was no harm as a result of this incident.	The importance of checking records thoroughly prior to administering any childhood immunisations was reinforced with staff. In addition, the service reviewed how it supported new starters in developing their skills and competencies in doing immunisations to ensure they were confident, and also to provide shadowing and mentoring if this was required.

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 ¹

Explanation of any answers and additional evidence:

1. There was a system in place for the handling of safety alerts. Within the remote searches of clinical records we reviewed five records of patients prescribed a medicine that had been subject to a safety alert. We found some actions had been taken but staff we spoke with were not able to identify any recent safety alerts. After the inspection the practice sent us some clarity on the weekly notifications received via RADAR which showed if there are any staff who have not read documents or notices sent. They were followed up by an email to each staff member that unread items were waiting to be actioned. They also sent us an example of a safety alert that had been sent out to clinical staff to read and who still had to read the notice. The management team also told us that they were in the process of expanding the number of staff who received these alerts and going forward the lead nurse would be able to receive and disseminate them to the nursing team.

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Remote searches of the clinical record system showed that appropriate monitoring was in place for patients with long term conditions. For example, the remote searches centred around patients who experienced asthma, chronic kidney disease, hypothyroidism and diabetic retinopathy.• We found 1635 patients on the asthma register. The searches identified 55 patients who had been prescribed two or more courses of rescue steroids in the last 12 months. We reviewed a random sample of five patient records and found one patient had not been reviewed in a timely manner.• The practice used search and risk stratification tools which scanned the electronic patient record and stratified patients with long-term conditions into risk groups. The conditions include asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, atrial fibrillation, hypertension and primary and secondary prevention of cardiovascular disease using statins. The searches divided patients into high, medium and lower-risk groups with the high-risk	

groups managed by their GP and/or pharmacists, and the lower-risk groups by healthcare assistants where appropriate.

Effective care for the practice population

Findings

- The practice had introduced a new online consultation platform which is a secure online consultation platform designed to provide an enhanced service for patients.
- 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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Home visits are carried out and the nursing team will attend to carry out blood tests and INR checks which ensured that older people were offered the same level of monitoring as those who could visit the practice.
- The practice looked after people living in five care homes, and carried out full multidisciplinary team reviews for those registered at the practice. There was a dedicated primary care network (PCN) advanced care in care homes initiative which enabled the practice to maintain close links with the neighbourhood team and care co-ordinator. The two care co-ordinators employed by the PCN supported the multidisciplinary approach to patient care.
- The practice pharmacists carried out structured medication reviews for all those patient in care homes and for those who were eligible from the practice patient list.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- The practice had 52 patients on their learning disability register, all had been offered an annual healthcheck and 73% had attended the practice for an appointment. 15% had declined an appointment and 11% were either not eligible, not attended their appointment or who had responded to the practice request to book an appointment. An alert was on the patient record to ensure staff were aware and could support the booking of the appointment.
- 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 a lead GP for palliative care who held monthly palliative care meetings and liaised with Macmillan and St Barnabas hospice nurses. ReSPECT forms for advance care planning were in place and had been adopted across Lincolnshire. The practice had recently introduced the Arden's templates which standardizes the recordings of lasting power of attorney, ReSPECT forms and end of life care plans. 84% of patients on the practice palliative care register had a ReSPECT form in place. The practice had worked with the former Lincolnshire CCG (now Lincolnshire Integrated Care Board) and St Barnabas Hospice to develop the Electronic Palliative Care Coordinating Systems (EPaCCS) template which allowed for record sharing on a central shared database across the county.
- 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. For example, referral to Addaction.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services. All patients who suffered with poor mental health received an annual review by a GP.

- A 'pop-up' alert was added to the patient records for those patients who suffered with memory loss. This enabled the reception staff to be more aware when the patient contacted the practice for information or to make an appointment.

Management of people with long term conditions

Findings

- The practice continued to offer long term conditions reviews throughout the pandemic when possible.
- Patients with long-term conditions were offered 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. They used a risk stratification tool where patients were put into high, medium and low risk groups. Chronic disease clinics were run by practice nurses and nurse practitioners and the practice had recently changed to recalling patients in the month of their birth. but continued to risk stratify until this process was fully completed. Diabetic reviews had already taken place and respiratory reviews will take place once staff had received further training. Arden's templates were in place for long term condition monitoring and this allowed for real time monitoring, audit and sharing of data across the PCN and CCG.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring and electrocardiography (ECG) as required.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- The practice used Accurx software which could share information about health conditions quickly which enabled clinicians to co-ordinate future care and treatment.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	110	110	100.0%	Met 95% WHO based target

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	93	95	97.9%	Met 95% WHO based target
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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	92	95	96.8%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	93	95	97.9%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	145	151	96.0%	Met 95% WHO based target

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- The practice was very proud of achieving above the 95% WHO target for all five childhood immunisation categories. They had set up a new process over the last two years to ensure all children attended for baby checks and vaccinations. All checks included a face to face appointment with a nurse and GP consecutively, which reduced the number of appointments and ensured continuity of care.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	76.7%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	71.3%	67.0%	61.3%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	73.7%	70.0%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	63.2%	56.8%	55.4%	No statistical variation

Any additional evidence or comments

At the inspection the management team shared with CQC unverified data for the QOF year ending 31 March 2022, which indicated that they had achieved 81.6% for cervical cancer screening in the age group 25 to 49 years which represented 1,370 out of 1,677 eligible patients and 82% for age group 50 to 64 years of age which represented 911 out of 1,109 eligible patients.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

<ul style="list-style-type: none"> The practice had an audit programme in place. Prior to the inspection the practice sent the CQC some examples of audits they had carried out. <p>Examples of audit seen were:-</p> <ul style="list-style-type: none"> Minor surgery and Joint injections. Outcome of these recent audits was to reintroduce written consent for both and the use of the Arden's Template for documentation. Arden's Clinical templates are designed to capture consistent and accurate data when a patient has a consultation with a clinician. Diabetes – in January 2022 the practice had 6.3% of its patients with a diagnosis of diabetes mellitus and 7.6% with a diagnosis of pre-diabetes. They had completed three audits on patients with pre-diabetes. The third audit in April 2022 found that 100% were on the pre-diabetes register, of which 63% had an appropriate recall dates in place. 42% had been followed-up and 33% had follow-up plans in place. The outcome of this audit found that there had been a decline in practice performance since the previous audit and two educational meetings on 29 April and 3

May 2022 had been held by a GP partner but the audit did not specify if there would be any further audits to check for further improvements.

- Audit of workflow of the scanning and read coding team to check if coding was missed, if the document was passed on to the appropriate clinician and that the practice protocol was followed. 76% of the documents received had been coded and dealt with appropriately. 37% needed a further review. Outcome of the audit was to put on two half day training sessions so that these documents could be discussed and dealt with accordingly. Plan for a reaudit in three months' time to check that improvements had been made.
- High Dose Opiate Prescribing – third cycle in 2022. (Opiates are a broad group of pain relieving medicines). They found they were in line with other GP practices in the CCG but would like to aim to reduce their prescribing further. They had put a number of quality improvement actions in place, for example, care home patients structure medication reviews were completed with a full multi-disciplinary approach, random case analysis of medical team consultations including prescribing and a protocol set up to run Arden's searches to remind prescribers of who were high opiate users. Further audits to be planned.

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.	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
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 ¹
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 ²
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:

1. We found that not all staff had received a regular annual appraisal. For example, we saw that a member of the team had received a probationary three month appraisal as part of a new role in January 2018, but had not had another appraisal until June 2022. The management team acknowledged that this had not been undertaken yearly as per their policy and had a process in place to ensure it was carried out yearly going forward. Nursing staff had an informal interim update to their annual appraisal to review progress.
2. We saw that there was a process in place to provide assurance on the quality of consultations and prescribing of non-medical staff and registrars. Any issues highlighted were fed back to the individual clinician to promote ongoing learning. Staff were also able to request

extra 1-1 support or supervision if and when required. We also saw examples of competency checks being undertaken for health care assistants and dispensary staff.

Coordinating care and treatment

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

Indicator	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The clinical team had regular meetings with community teams and other organisations to ensure that patients registered at the practice had patient centred care. These included palliative care and safeguarding.</p>	

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 included 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
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to social prescribers through their primary care networks. The role of the social prescriber was to offer support and signposting</p>	

Consent to care and treatment

The practice 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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <p>We carried out a random remote search of patients registered at the practice who had a DNACPR in place. We looked at four records and found that alerts came up on the screen for three out of the four reviewed. Two needed a further review to ensure they had been fully completed and updated where required. We spoke with the management team at the inspection and they told us they would do a further review of patients with DNACPR to ensure those that needed further information were completed.</p>	

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
Staff displayed understanding and a non-judgemental attitude towards 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: <ul style="list-style-type: none"> Staff had a good understanding of the local community and patient demographics. They took part in local initiatives, for example, a recent duck race at the local care home and raising money for MacMillan Cancer Care. 	

Patient feedback	
Source	Feedback
16 Share Your experience forms – direct to CQC prior to the inspection – 15 of which were positive	The staff on reception are always very helpful even at busy times and have gone out of their way to sort a problem. Always very helpful. Great service with a supportive team. Over the past twenty years my wife and I have received excellent care from this practice including all the changes that were undertaken during and since the pandemic. Amazing service - . the practice is doing a great job. Amazing care – so impressed.

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	91.6%	88.9%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time	88.6%	87.7%	88.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)				
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 (01/01/2021 to 31/03/2021)	98.3%	95.9%	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 (01/01/2021 to 31/03/2021)	86.8%	82.0%	83.0%	No statistical variation

Any additional evidence or comments

In March 2022 Lakeside Healthcare at Bourne introduced a new online platform. This was a secure online consultation platform designed to provide an enhanced service for patients. We were told by patients who had used this service that they had received a fast response, they found it was easy to use and it was accessible from electronic and mobile devices. It saved waiting in a phone queue and could be used for routine enquiries, for example, prescription renewals, administration queries or complex medical issues.

- At the inspection we were told at patient satisfaction was high and 99.2% said they had been met with compassion and 95.3% would recommend the practice to others.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence

The practice had undertaken engagement with their patient population. They had carried out a patient survey between 2021 and 2022. They had received 195 responses.

- 63% of those who responded to the patient survey would recommend the practice to a friend whilst 13% responded at probably would recommend.
- 65% of those who responded to the patient survey found the practice nurse professional, courteous and caring whilst 9% felt they were satisfactory.
- 68.7% of those who responded to the patient survey said they had confidence and trust in the clinician they saw whilst 13.9% responded yes to some extent.

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 carers find further information and access community and advocacy services.	Yes ¹
Explanation of any answers and additional evidence: 1. The practice had a website that provided lots of information in an easily accessible format not only about the GP practice and the services it offered but also local community services such as Age UK South Lincolnshire, Bourne Arthritis Support Group, Bourne Food Bank and Don't lose Hope Counselling Service.	

Source	Feedback
Interviews with care homes	We spoke with two care homes. They were very complimentary about the service provided by the practice. They described them as very approachable, very supportive and it was very much a team approach. They also spoke highly of the care coordinator who was extremely helpful and supportive and easy to contact. They were able to contact members of the multi-disciplinary team when advice or support was required.

National GP Patient 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 (01/01/2021 to 31/03/2021)	93.8%	92.8%	92.9%	No statistical variation

	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.	No
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
--------	-----------

<p>Percentage and number of carers identified.</p>	<ul style="list-style-type: none"> • The practice were proactive at identifying patients who were carers or patients who had carers. New patients were asked at registration about their caring status. • There were 281 carers registered, which equates to 2.4% of the patient population. • The practice had a carers champion within the team who had won awards in 2018,2019 and 2021. She was able to offer carers information and support where required.
<p>How the practice supported carers (including young carers).</p>	<ul style="list-style-type: none"> • The practice had identified an administrator to be the practice carer's champion. We spoke with the carer's champion who displayed great enthusiasm and commitment to their role. • There was a system to identify new carers. New carers were provided with relevant information to support them. The information they received was customised to their individual needs. For example, if the carer was young, then information would be centred around support groups they could access. • The practice had received a carers award. This was an initiative led by a partnership between Lincolnshire County Council and a local charitable organisation for carers called 'Every-One'. The award was renewed annually on the basis that the practice could demonstrate how they were working to actively support carers. We spoke with the carers champion who were extremely enthusiastic about this award and her peers told us that they go 'above and beyond' to support anyone who is a carer or who has been recently bereaved. • There was dedicated information board for carers in the main reception area. There was also some information available on the practice website.
<p>How the practice supported recently bereaved patients.</p>	<ul style="list-style-type: none"> • The carers champion also supported bereaved patients. Bereaved relatives or carers were sent a hand-written card along with information to help them with their bereavement. • Calls were made to bereaved relatives to offer sympathy and to see if they required any additional support, for example, a GP appointment, or if they may benefit from signposting to a local support service. • Alerts were added to patient records when recently bereaved so that staff were aware if the patient made contact, that they may be struggling emotionally and require a more sensitive approach to their queries. • We observed how efforts were made to meet individual patient need. For example, the champion had sourced a specific resource pack on bereavement following a sudden death which was given to the patient. • Bereaved patients were included in a wider practice initiative called the 'difficult day scheme'. This included any patient who may have a problem that might benefit from a supportive call from the practice team. This may then result in them being signposted to appropriate support services, or in other cases, it was more that someone was taking an interest and trying to offer support. Examples we saw included patients with mental health difficulties, recent hospital discharges, and a patient receiving treatment for cancer. Vulnerable

	patients had also been contacted during the pandemic to check if they were managing alright.
--	--

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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:	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> A hearing loop was in place for those patients who experienced hearing problems. A pop-up alert was on the patient medical record so that staff were aware when they contacted the practice. Patients who experienced vision problems also had a pop-up alert on their medical records in order for staff to support them when they attend the practice or if they required information in larger font. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm (phone lines till 6.30pm)
Tuesday	8am to 6pm (phone lines till 6.30pm)
Wednesday	8am to 6pm (phone lines till 6.30pm)
Thursday	8am to 6pm (phone lines till 6.30pm)
Friday	8am to 6pm (phone lines till 6.30pm)
Saturday	8.30am to 12 midday – appointments only
<p>Appointments available: Were available throughout the day Monday to Friday with a range of clinicians. The practice also offered extended opening hours on a Saturday morning and Monday evening to allow for easy access for those who went to work.</p>	
Dispensary:	
Monday	8am to 12.30 and 1.30pm to 6pm
Tuesday	8am to 12.30 and 1.30pm to 6pm
Wednesday	8am to 12.30 and 1.30pm to 6pm
Thursday	8am to 12.30 and 1.30pm to 6pm

Friday	8am to 12.30 and 1.30pm to 6pm
Saturday	Closed

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- 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.
- The practice worked closely with the Evergreen charity – which offers befriending, advocacy and care support for older people enabling them to live in their own homes.
- There was a medicines delivery service for housebound patients.
- The practice had a blood pressure machine within its building so that patients could take a blood pressure reading which was then added to their patient record by the reception team. Staff would then follow the practice protocol and advise the duty doctor of any readings that were unusually high or low for further management.
- A full contraception service was offered at the practice. Several of the GPs were able to offer coil and implant fitting and removal alongside one nurse who held a coil and implant fitting clinic once a month.
- Smoking cessation advice was provided with referrals to Quit 51 and issued prescriptions as required.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice had an Acute Illness Team which comprised one advanced nurse practitioner and two nurse practitioners. They were able to deal with adults and children with acute illnesses and minor injuries. They provided a same day telephone appointment every day with face to face appointments as required. The on-call GP had extra appointments saved for any late urgent calls.
- The practice offered extended opening hours on a Saturday morning and Monday evening to allow for easy access for those patients who went to work.
- Health care assistants offered early morning blood tests for those patients who went to work.
- The practice offered minor surgery which include lump and bump removal and joint injections.
- First contact practitioners (FCP) were available at the practice to see patients with musculoskeletal problems. Patients were able to book ahead with the FCP for a telephone call or face to face appointment at a time to suit them.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Same day appointments or longer appointments were offered where required, or at a particular time of day to avoid waiting in the waiting room.
- The practice told us that going forward they were going to take a more proactive approach to dementia screening and would utilise the CANTAB tool. This is a tool which would enable them to make an early diagnosis of dementia and make referrals to secondary care.

- The practice regularly signposted patients to 'Don't Lose' which was a local charity which strove to improve the mental health of anyone in the local area by providing counselling, workshops and a meeting place for men who experienced mental health problems.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes ¹
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes ²
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<ul style="list-style-type: none"> • The practice monitored their appointment demand on a daily basis and where possible tried to make adjustments to ensure that there was adequate access to meet that demand. They ranged from same day telephone appointments, face to face appointments and prebookable appointments. Accurx was used daily for messaging patients, enabled photographs to be sent for review, video consultations and chronic disease management. 	
Additional Information:-	
<p>1. The practice had undertaken engagement with their patient population. The patient participation group (PPG) had carried out a patient survey between 2021 and 2022. They had received 195 responses.</p>	<ul style="list-style-type: none"> • 66.7% of those who responded to the survey were satisfied with the opening hours whilst 19% were neither satisfied nor dissatisfied. • 70% of those who responded to the survey found the receptionists at the practice helpful. • 83.5% of those who responded to the survey were able to get an initial appointment with a clinician (doctor or nurse practitioner) on a day or time that suited them.
<p>2. In March 2022 Lakeside Healthcare at Bourne introduced a new online platform. This was a secure online consultation platform designed to provide an enhanced service for patients. At the inspection we were told at patient satisfaction was high and</p>	<ul style="list-style-type: none"> • I used this online facility when I found a concerning lump. It was quick and easy to use and a GP messaged me back within one hour and offered me a same day appointment.

they were delighted that their patient satisfaction ratings for their online consultation platform were the highest of any provider in Europe.	<ul style="list-style-type: none"> The new online service is fantastic and we got an appointment to see a first contact practitioner the same day. I used the online facility to seek help. My query was triaged very efficiently and within two hours I was having an on-line conversation with my GP who suggested a blood test.
3. Patients who has sent into CQC positive share your experience comments told us:-	<ul style="list-style-type: none"> Same day service works well Good experience even when having a blood test. Going the extra mile and even contacted me on a Saturday afternoon two hours after I had received my scan. Had a phone appointment first thing and got straight inf or an appointment and was seen within an hour.

National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	82.8%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	75.7%	70.9%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	60.3%	67.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	86.1%	84.7%	81.7%	No statistical variation

Source	Feedback
For example, NHS Choices	We saw that there had been 10 reviews from September 2020 up to 7 June 2022. Six of the reviews were extremely positive about the care and treatment

	received from the practice. Four were negative, of which, two were in relation to being referred to A&E instead of being seen in the practice, inability to see a GP and attitude of a receptionist.
Care Homes	CQC spoke with two care homes who were pleased with the responsiveness of this GP practice. Monthly MDT calls were held via a social platform and they were able to discuss a set number of patients each month where all their care needs were discussed and plans put in place. They were also able to have adhoc calls if there were any concerns in between these meetings.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	29
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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.	Partial ¹
<p>Explanation of any answers and additional evidence:</p> <p>1. We saw that complaints were discussed at some meetings but on the day of the inspection the management team acknowledged that discussions and sharing of actions and learning for both significant events and complaints needed to be improved going forward. We reviewed a practice update dated 21 June 2022 and found that the practice had advised staff that they were aware that learning from complaints, significant events and incidents had not been shared with the whole practice and going forward these would be shared in the regular updates sent out to staff. They identified that the annual review was planned for July 2022.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Test results not conveyed to patient in a timely and appropriate manner.	<p>An investigation was undertaken. A timeline of events was completed and it was found that there was no concerns over actions taken by the practice but it was an issue with secondary care.</p> <p>We reviewed the response to the complaint and found it was detailed, was compassionate, documented who they could contact if they were not happy with the response and was in line with the practice complaints procedure.</p> <p>This complaint was discussed at a practice business meeting a month later.</p>

Suggested misdiagnosis

We saw that an investigation was undertaken with the outcome that the patient was treated appropriately by the practice team. The suggested misdiagnosis was not upheld as the symptoms were not discussed on a telephone consultation held with the patient.
We reviewed the response to the complaint and found it was detailed, was compassionate, documented who they could contact if they were not happy with the response and was in line with the practice complaints procedure.

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: <ul style="list-style-type: none">• Succession planning had been discussed. A GP partner was retiring but a replacement GP partner had been appointed. This was a positive step for the practice.• A GP partner had recently taken over the role of Non-Executive Director (NED) role. This role meant that the NED attended the provider management board meetings and took part in decisions made at executive level.• All the GP partners attended the monthly provider Clinical Governance assurance meetings (CGAS).• The practice had put in place a 'Duty Manager' for each day to ensure that staff knew who to go to for support and advice on a daily basis.• They told us and we could see that they had good team working within the GP partners which was extended to the management team and the staff who worked for them. They told us that continuity of staff over a long period had led to them being able to continue to provide high quality care.• Staff met regularly and a range of meetings were held to discuss any issues and share updates with staff.	

Vision and strategy

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

	Y/N/Partial
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.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We were told by the management team that the Lakeside Healthcare Partnership (LHP) had a balanced scorecard in place and the emphasis going forward was for quality of care and patient satisfaction instead of financial profits.	

- Whilst staff we spoke with were not aware of the LHP visions and values they spoke highly of the values and visions of their own GP practice in providing safe, high quality care to the patients registered at Lakeside Healthcare at Bourne.
- There was a strong emphasis on the safety and wellbeing of all the staff. On the day of the inspection we saw a positive attitude across the different workforce groups which enabled the smooth running of the practice. Whilst staff in the dispensary were positive they told us they would like to see their GP lead on a more regular basis. This was discussed with the management team at the end of the inspection so that plans could be put in place going forward.
- LHP had carried out a staff survey across all the locations in November 2021 and we saw evidence that the results and plans going forward had been shared but the actions from this survey still needed to be embedded.

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 ³
There was a strong emphasis on the safety and well-being of staff.	Yes ^{1&2}
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> 1. We were informed how the practice had supported a member of the team to return to work following an injury. Adjustments were made to their role to accommodate their individual needs. The member of staff was very positive about how the practice had supported them throughout a difficult time. This also resulted in a change of roles and we saw how this process had been handled sensitively by the practice management team, resulting in a positive outcome for all concerned. 2. We were informed that there had been a difficult situation within one of the teams, but this had been resolved and the culture was now open and supportive. Staff told us they worked well together as a team and helped each other out to get tasks completed. 3. Staff spoke of an open culture with good communication. They said they would raise concerns if they had any to their line manager or a GP partner. 4. The practice told us and we saw that they had a good retainment of staff, many who had worked for them for over ten years which continued to provide good continuity of care. 	

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.	Yes ^{2,3}
Staff were clear about their roles and responsibilities.	Yes ¹
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. The practice had systems in place to ensure that staff were clear on their roles and responsibilities. Induction programmes were in place and we saw evidence of this in recruitment files we reviewed. 2. Meetings were minuted but we did discuss with the management team that these required more detail to include discussions on shared learning and actions. 3. Regular meetings were held for nursing staff. Standard agenda items included significant events, safeguarding and safety alerts. A GP partner usually attended the nurse meetings. The lead nurse also attended partners meetings ensuring effective communication. Nurses were also able to access external networks for advice and updates, and there was also a nurse meeting for leads across the organisation which met every six weeks. 	

Managing risks, issues and performance

There were clear and effective processes in place for managing risks, 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 quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes ¹
A major incident 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 ²
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. The practice had a risk register in place which was part of a larger risk register for the provider. This was reviewed on a regular basis to ensure actions had been implemented. Safety systems and records were in place but the management team needed to review these to ensure that monthly checks, such as fire safety were completed and documented as per the practice policy. Risk assessments were in place and we saw evidence that actions had been taken were required. 	

The practice used search and risk stratification tools which scanned the electronic patient record and stratified patients with long-term conditions into risk groups. The conditions include asthma, chronic obstructive pulmonary disease (COPD), type 2 diabetes, atrial fibrillation, hypertension and primary and secondary prevention of cardiovascular disease using statins. The searches divided patients into high, medium and lower-risk groups with the high-risk groups managed by their GP and/or pharmacists, and the lower-risk groups by healthcare assistants where appropriate.

2. Regular meetings took place which ensured quality and sustainability was discussed.

The practice had systems in place to continue to deliver services, respond to risk and meet patients’ needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes ¹
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. The practice actively monitored the demand for appointments and made changes where possible. They also offered pre-bookable appointments one evening a week and on a Saturday morning. 2. The practice still asked patients to wear face masks in clinical areas and hand sanitiser was available throughout the practice. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes ¹
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	

1. There was a member of the management team who was responsible for monitoring QOF (quality and outcomes framework). Searches were carried out and reviewed on a regular basis and discussed at business meetings so that the information could be used to improve performance.

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had an on-line access policy to provide guidance for staff and an online access patient leaflet for patients. Practice policies and procedures were available to staff and could be found on the practice internal compliance system (RADAR) and also via their internal quality management system. 	

Engagement with patients, the public, staff and external partners

The practice involved the 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
The practice had an active Patient Participation Group.	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:	

- Staff we spoke with told us there was a strong supportive team who had worked through a very difficult time with Covid 19 and some changes within the teams. They described good teamwork and their feedback was well received and valued.
- Over recent months seven members of staff at Lakeside Healthcare at Bourne had received their long service awards. Between them they had carried out 140 years of service. Many had started as part time receptionists and carried out many different roles and played a pivotal part in the smooth running of the service.
- Staff who worked for the Lakeside Healthcare Partnership were now sent a newsletter called 'Lakeside Matters'. It was in its early infancy but issue two included an update on the menopause policy, guidance on how to use RADAR (practice management system) and the reasons they were now using their online consultation platform across most of their locations.
- The practice had a newsletter called 'Patient Matters'. We looked at the newsletter for March 2022 and found it was very informative for patients with information on the new online consultation platform, staff long service awards, bereavement support, one you Lincolnshire and an introduction to their first contact practitioner.
- The practice had a staff newsletter called 'The Hereward Happenings'. We looked at the newsletter for June 2022 and found information on the NHS, for example, Monkeypox outbreak and work news such as extended hours which will come into place on 1st October 2022 and a reminder to keep their bluestream learning up to date. There was also staff news and events to look forward to.
- The practice had introduced a new online consultation platform which is a secure online consultation platform designed to provide an enhanced service for patients. Since March 2022 the practice had received 1565 contacts of which 92.3% had been completed and 7.3% remained ongoing. The practice had collated feedback which was very positive. 99.3% of those who had used their online consultation platform had responded and said that they had been met with compassion, 95.3% would recommend to others and 94.3% felt they had sufficient information. Examples of requests included prescription questions or renewal or patients experiencing pain, sore throat, cough and mental health disorders.

Feedback from Patient Participation Group.

Feedback

- We spoke with the Chair of the Patient Participation Group (PPG) after the inspection. They told us that the group had been dormant over the pandemic but was now restarting with a new chairperson. The management team and GP partners at the practice were very interactive and regularly kept them informed of any changes and updates. They planned to meet three to four times a year and a further meeting was planned for 18 July 2022. An agenda was in place and they planned to discuss how to keep patients updated on their plans, add information to the practice website and how they can support the GP practice going forward.
- The PPG supported the practice with the patient survey in March 2022 which highlighted that they would like more face to face appointments, to be able to select a call back time suitable to them, more extended hours. Following this the management team were considering doing a FAQ (frequently asked questions) for patients so that they could see the practice response to regularly asked questions.

Continuous improvement and innovation

There was 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:	
<ul style="list-style-type: none"> The practice used the Arden's Manager, a cloud based analytic tool, which provided them with an overview of the local primary care networks population and it gave them the opportunity to benchmark against these practices, both in terms of population and efficiency. For example, frailty, health checks, long term conditions, referrals to secondary care. The practice was a training practice for GP trainees and medical students. The practice were part of a Primary Care Network (PCN) with Lakeside Healthcare at Stamford and took part in the care home service and received social prescribing support. All the management team spoke highly of their team and were very proud of their new social platform Doctrin which had received overwhelmingly positive results in its first three months of use. 	

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.

- The percentage of women eligible for cervical cancer screening at a given point in time who 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.