

Care Quality Commission

Inspection Evidence Table

Sleaford Medical Group (1-542664548)

Inspection date: 19 May 2021

Date of data download: 10 May 2021

Overall rating: Good

Please note: Any Quality and Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At our inspection in August 2019, we rated the practice as Requires Improvement for providing safe services because:

- The management and oversight of patients test results was limited and were not reviewed, monitored or actioned in a timely manner. This did not assure us that patients were safe from risk.
- There was no risk assessment for emergency medicines that were missing from the emergency medicines trolley.
- Blank prescription stationery was not being effectively monitored.

At this inspection, we found that these concerns had been addressed so we have rated the practice as Good for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	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

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2020	Yes
There was a record of equipment calibration. Date of last calibration: July 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: April 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: August 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2020	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 1 May 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice had acted to ensure, in so far as was practicable, the safety of patients, staff and others using the surgery by implementing enhanced infection prevention and control measures to help reduce the risk of contracting or spreading of COVID-19. These included temperature checks of persons entering the premises, restricting access and limiting numbers of people in the waiting room. Hand sanitiser was available throughout the surgery and all staff were seen to be wearing face coverings. The last infection and control audit included matters related to COVID-19.	

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

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
<p>Explanation of any answers and additional evidence:</p> <p>(1) At our previous inspection, we found that there were a number of test results that had not been actioned. We also found there was no system in place to ensure that the results of tests were dealt with in the absence of the requesting clinician. At this inspection we found that that all test results were reviewed by the duty doctor who distributed them to requesting clinicians and dealt with those where the requesting clinician was not available. As part of our remote inspection we looked at the clinical inbox and saw that all tasks up until 4pm the previous day had been actioned.</p>	

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) (01/01/2020 to 31/12/2020) (NHS Business Service Authority - NHSBSA)	0.96	0.95	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2020 to 31/12/2020) (NHSBSA)	10.1%	11.6%	9.5%	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 (01/07/2020 to 31/12/2020) (NHSBSA)	5.13	5.61	5.33	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	166.3‰	217.2‰	127.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) <small>(NHSBSA)</small>	0.57	0.95	0.67	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
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes (1)
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
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
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 (2)
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>(1) At our previous inspection we found that blank prescription stationery was not being managed in a safe and effective manner. At this inspection we found there to be an effective system in place.</p> <p>(2) At our previous inspection we found that a medicine for use in a medical emergency was absent, with no risk assessment in place. This had been as a result of that medicine not being available at that time. At this inspection we found that all medicines were present and that there was a risk assessment process in the event that any became unavailable in the future.</p>	

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 practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes (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, braille, information in a variety of languages etc.	Partial (2)
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> <ol style="list-style-type: none"> The practice offered a personal delivery service for those dispensing patients unable to collect their medicines from a community pharmacy or the practice dispensary. The practice also delivered medicines to four post offices and two shops in surrounding villages that allowed patients to collect their medicines more locally. Risk assessments had been carried out in respect of each of the collection points and these were regularly reviewed. There was no facility to print medicine labels in braille. The clinical system software was not compatible with braille printers. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	72 (1)
Number of events that required action:	72
Explanation of any answers and additional evidence: (1) The practice encouraged a culture to record events and incidents, which they termed as significant events or learning events. Although the number of recorded events appeared to be high, the partners assured us that this was because they had consistently encouraged staff to report events, whether positive or negative, as a means of learning and that staff had reacted positively. We reviewed the events and saw this to be the case.	

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

Event	Specific action taken
Incorrect cream dispensed from letter from secondary care	All ambiguous letters to be double checked with the duty doctor or the hospital if it still remains unclear
Paper records of two patients incorrectly given to another patient	Spoken to all three patients involved, explained and apologised and reported data breach through the information governance toolkit.

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

Effective

Rating: Good

At our inspection in August 2019, we rated the practice as Requires Improvement for providing effective services because;

- Patient care and treatment was not always routinely monitored.
- We found that staff did not always work together to monitor and deliver effective care and treatment. There were items of clinical correspondence and it was not clear which letters had been processed which did not assure us that systems were effective and implemented.

At this inspection, we found that these concerns had been addressed.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment 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

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. The partners received a weekly update on the number of frailty reviews done weekly.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice employed a Practice Care Coordinator, a nurse, who specialised in meeting the healthcare needs of patients in this group.
- Residential care homes had a named contact within the practice for processing Medical Administration Record sheets.
- A practice nurse and healthcare assistant conducted home visits for chronic disease management.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Staff used the templates for chronic disease management which ensured they followed the most up to date guidelines.
- There was a clinical lead for all major long-term conditions.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3	90.1%	78.8%	76.6%	Variation (positive)

RCP questions. (01/04/2019 to 31/03/2020) (QOF)				
PCA* rate (number of PCAs).	15.6% (160)	10.0%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	90.6%	87.9%	89.4%	No statistical variation
PCA rate (number of PCAs).	7.7% (33)	10.0%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	82.8%	82.6%	82.0%	No statistical variation
PCA rate (number of PCAs).	4.3% (20)	4.8%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	65.7%	68.8%	66.9%	No statistical variation
PCA rate (number of PCAs).	5.2% (55)	13.8%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	73.6%	73.5%	72.4%	No statistical variation
PCA rate (number of PCAs).	7.9% (179)	6.7%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	92.6%	94.0%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.9% (12)	3.2%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	86.8%	78.5%	75.9%	Tending towards variation (positive)
PCA rate (number of PCAs).	7.7% (81)	9.2%	10.4%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four of five childhood immunisation uptake indicators. The practice met the 90% minimum for the remaining indicator, narrowly missing the WHO target by 0.2%.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health, contraception and chlamydia screening.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The minor illness and urgent care service operated by the practice helped meet the healthcare needs of people in this group.
- There was a dedicated safeguarding lead and monthly meetings with midwives and health visitors.
- Reversible contraception such as coils and implants were offered.

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) (01/04/2019 to 31/03/2020) (NHS England)	126	132	95.5%	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) (01/04/2019 to 31/03/2020) (NHS England)	144	151	95.4%	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) (01/04/2019 to 31/03/2020) (NHS England)	144	151	95.4%	Met 95% WHO based target

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	144	151	95.4%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	183	193	94.8%	Met 90% minimum

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>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Same day triage met the needs of this group of patients.
- The minor illness and urgent care service operated by the practice helped meet the healthcare needs of people in this group.
- The practice is a designated yellow fever centre and is a provider of travel vaccinations.
- Private medicals for employment purposes were available.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who 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). (Snapshot date: 31/12/2020) (Public Health England)	71.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	78.5%	74.2%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	67.1%	N/A	63.8%	N/A

The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) ^(QoF)	100.0%	92.7%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) ^(PHE)	59.8%	54.6%	54.2%	No statistical variation

Any additional evidence or comments

We were informed that the below target cervical cancer screening uptake was as a result of the suspension in part during the pandemic, but that screening was still being offered and efforts were being made to improve uptake through opportunistic offering of screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- 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.
- Easy read leaflets were available.
- Weekly and signed for prescriptions for patients considered at risk.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was higher than both local and national averages.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	91.0%	84.9%	85.4%	No statistical variation
PCA rate (number of PCAs).	24.3% (25)	25.3%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.4%	84.5%	81.4%	No statistical variation
PCA rate (number of PCAs).	8.4% (14)	9.7%	8.0%	N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547.6	Not Available	533.9
Overall QOF score (as a percentage of maximum)	98%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	5%	Not Available	5.9%

	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

- Audit of steroid-dependent patients - the audit was run in response to a patient safety alert regarding the need to identify steroid dependent patients and issue them with a Steroid Emergency Card. The audit was conducted, patients identified, and cards issued. The audit also highlighted the need for regular review and searches of the clinical system to identify patients.
- Paediatric documentation. This audit Highlighted the differences and limitations compared with a previous audit in context of the current COVID pandemic and askmyGP use.

Effective staffing

The practice was able to demonstrate 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 (1)
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
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
(1) The practice had supported a member of staff to work towards the Level 5 Practice Manager qualification, a two-year course run by The Practice Managers Association.	

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
--	-----

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

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 decide.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

Responsive

Rating: Good

At our inspection in August 2019, we rated the practice as Requires Improvement for providing responsive services because;

- Patients were not always able to access care and treatment in a timely way. For example, patients told us they were unable to access urgent appointments when they needed them.

At this inspection, we found that the practice offered a wide range of appointments and we found no evidence that people were unable to access urgent appointments.

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

Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

The practice runs an Urgent Care Unit on Monday to Friday 6.30pm to 8.00pm and at weekends and Bank Holidays from 8am to 6pm. It was closed on Christmas Day, Boxing Day and Easter Sunday. The service is for newly presenting conditions of minor illness such as chest infection, ear infections and urinary tract infections.

This service was available to all people, regardless of their registered GP Practice.

There was also a minor injuries service that was open from 8am to 6.30pm Monday to Friday. To make use of this service the injury must have occurred within the previous 48 hours and must be the first port of call. This service is available to all people, regardless of their registered GP Practice.

Sleaford Medical Group offered extended hours appointments on various evenings Monday to Friday 6.30pm to 8pm at a rate of a minimum of 30 minutes per 1,000 patients per week. The evenings that this service was provided varied.

Sleaford Medical Group patients could access GP extended hours appointments between 6.30pm and 8pm Monday to Friday and 9am and 12 noon at weekends and some Bank Holidays. These are pre-bookable appointments only and are delivered by the GP Federation.

Older people

Population group rating: Good

Findings

- All 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 provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.
- GP conducted weekly 'ward rounds' at residential homes.

People with long-term conditions

Population group rating: Good

Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available until 8pm weekdays and from 8am to 6pm at weekends for school age children so that they did not need to miss school. These appointments were delivered through the extended hours provision.
- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day consultation when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available until 8pm weekdays and from 8am to 6pm at weekends for patients in this group. These appointments were delivered through the extended hours provision.
- The practice offered telephone, on-line, face to face and video consultations for patients.
- There was an in-house physiotherapy service.
- The delivery of prescribed medicines to shops and post offices enable patients to collect their medicines at the weekend.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A confidential area was available in reception.
- Practice staff are 'Dementia Friends'.

- The practice is an Armed Forces Veteran Friendly Practice.

Access to the service

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

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used askmyGP as the primary access route into the practice for patients. The chair of the Patient Participation Group (PPG) told us that askmyGP had proven popular, especially with older patients and it enabled a much greater chance of being able to get a consultation with a clinician of their choice. GPs confirmed this to be the case as it enabled each clinician to manage their own appointments.</p>	

National GP 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 (01/01/2020 to 31/03/2020)	53.6%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	46.8%	65.3%	65.5%	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 (01/01/2020 to 31/03/2020)	47.7%	62.3%	63.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	63.8%	72.8%	72.7%	No statistical variation

Any additional evidence or comments

At our previous inspection we found patients were not always able to access care and treatment in a timely way. For example, patients told us they were unable to access urgent appointments when they needed them.

Despite the lower than average percentage scores regarding access there have been no comments on this matter left on the NHS Choices website since the last inspection in August 2019.

Information from Lincolnshire Healthwatch showed there to have been two negative and one positive comment regarding Sleaford Medical Group. None of those related to difficulties in getting an appointment. They covered the period 1 January 2020 to 1 April 2021.

Source	Feedback
For example, NHS Choices	<p>NHS Choices: There had been ten comments left on the NHS Choices website since the last inspection. Nine were positive. One comment concerned dissatisfaction with the repeat prescription process. There were no comments related to difficulty in accessing appointments.</p> <p>Friends and Family Test: From March 2020 to May 2021, 88% of over 2,000 respondents said their overall experience of using Sleaford Medical Group was either good (17%) or very good (71%).</p>

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.	15
Number of complaints we examined.	15
Number of complaints we examined that were satisfactorily handled in a timely way.	15
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff present during intimate procedure not introduced or identified to patient	Staff reminded of procedural requirements and the need to introduce all staff.
Abnormal test result for elderly residential care home resident not communicated to relatives or carers	Case discussed with clinicians, to stress the importance of communicating abnormal results clearly and in a timely fashion to patients and/or their relatives and carers.

Well-led

Rating: Good

At our inspection in August 2019, we rated the practice as Requires Improvement for providing well-led services because;

- Governance systems were not always being operated effectively. For example, there was no buddy system in place for clinical oversight during GP absence.
- The practice did not have clear and effective processes for managing risks.

At this inspection, we found these concerns had been addressed.

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 (1)
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: (1) All of the staff that we spoke with told us that managers and GPs including the partners were very approachable and were visible throughout the surgery. They reported that they listened to concerns and ideas for improvement.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes (1)
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: (1) The practice supplied us with a copy of their five-year business plan which covered the period 2019-2024. The plan was detailed and comprehensive and set out realistic goals for example, with	

regards to patient access, staffing and recruitment, premises and sustainability and strategic development.

Culture

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

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

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

Source	Feedback
Staff interviews	We spoke with four members of staff prior to the site visit. All expressed positive views about their experience of working at the practice. They said patient care and patient experience was uppermost and that the partners and managers were approachable. These sentiments were echoed by staff we spoke with on the day of inspection.

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
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
At our previous inspection we found there was no 'buddy' system in place to provide clinical oversight in a GPs absence. At this inspection we saw the practice had a duty doctor system that provided such oversight, for example in the management of test and pathology results.	

Managing risks, issues and performance

There were clear and effective processes 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
A major incident plan was in place.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

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
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
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes (1)
Staff were supported to work remotely where applicable.	Yes (2)
<p>Explanation of any answers and additional evidence:</p> <p>(1) The practice had taken steps to comply with guidance issued to help control the spread of coronavirus that were apparent on the day of our inspection. The infection prevention and control audit had been revised and completed with particular attention to coronavirus issues.</p> <p>(2) The practice had supported staff who had needed to self-isolate during the pandemic and had made the necessary arrangement for them to work from home. This included GPs who were able to work normally using telephone consultations as a result of the telephone triage system.</p>	

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
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: The practice produced a comprehensive weekly Management Report. This included a wide range of information to provide partners and managers with up to date and relevant updates on performance and ongoing and emerging issues. The documents included; updates on actions from previous meetings, significant events and complaints, identifying and dealing with risk, planning for staff absence, MHRA and Safety alerts and internal management/administration issues. Other areas documented included, but was not limited to; patient access, numbers of unplanned admissions into secondary care, numbers of mental health, learning disability and frailty reviews undertaken, telephone call data and infection prevention and control.	

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
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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 (1)

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: (1) The Patient Participation Group had remained active throughout the pandemic period and met virtually every six weeks. Minutes we reviewed showed that a wide range of subjects were discussed including feedback on the patient experience.	

Feedback from Patient Participation Group.

Feedback

We spoke with the Chair of the PPG. They told us that the group was active and that the practice was very engaged, with a GP and the practice manager or representative attending every meeting. They told us that historically there had been poor communication between the practice and patients leading to frustration and uncertainty. However, they added that in their view the GPs and staff had always been dedicated and practiced person centred care. They added that this was possibly one reason why on occasions appointments ran late and caused some degree of frustration to patients. They said that communications had much improved and the practice was fully engaged with patients as demonstrated by their strong social media presence. They told us that the partners were receptive to constructive suggestions for improvement.

The PPG had established its own social media page, partly as a means of trying to attract younger and patients from more diverse backgrounds to join the group.

Any additional evidence

The practice had an active Facebook presence and we saw that the site was used to promote health education and events for patients including antenatal information and classes; a virtual event for women from the BAME community who had used maternity services; childhood immunisation information and reminders, as well as Covid-19 immunisation information and updates. At the time of our inspection the provider had 1,435 followers on its Facebook page.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes (1)
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: (1) The practice was a training practice and hosted GP Registrars and Speciality Training doctors (ST2). Partners told us that their involvement in the training programme had resulted in two becoming salaried GPs at the practice. The practice also hosted student nurses.	

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 practice's 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.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- $\%$ = per thousand.