

Care Quality Commission

Inspection Evidence Table

The Spalding GP Surgery (RY5Z3)

Inspection date: 30 November 2021

Date of data download: 30 November 2021

Overall rating: Requires Improvement

We carried out an inspection at The Spalding GP Surgery on 30 November 2021. The practice was rated requires improvement overall; the key questions of safe, effective, responsive and well-led were rated as requires improvement and the key question of caring was rated as good.

Safe

Rating: Requires Improvement

We rated safe as requires improvement because:

- The practice did not always provide care in a way that kept patients safe and monitored their treatment in line with national guidance.
- There was a lack of comprehensive medication reviews completed for patients taking regular medicines.
- Significant events were not always acted on or investigated.
- At the time of the inspection some patients who were taking regular medicines had not received the required monitoring set out in national guidance.
- The practice did not have assurance on issues identified from risk assessments or audits. There was no evidence of remedial action taken to address these.

Safety systems and processes

The practice did not always have 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.	No ¹
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The lead GP was the safeguarding lead, with a nurse as deputy and two receptionists as safeguarding champions. The Safeguarding leads were able to contact a lead within the Lincolnshire Community Health Services trust for further guidance and information. ¹ We saw that all staff had completed safeguarding training however not all staff had completed the required level appropriate to their role as set out in the intercollegiate guidance. Following the inspection, the training for reception staff was addressed immediately and we were told that reception staff are now trained to level two safeguarding. Staff we spoke with knew what action to take should they have concerns relating to safeguarding. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider had carried out most of the required recruitment checks at the time of recruitment, but some gaps were identified. This included a record of interview notes. We were not assured that appropriate indemnity cover was held for all clinicians who worked at the practice. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	No ¹
There was a fire procedure.	Yes
Date of fire risk assessment: 03/05/2021 Actions from fire risk assessment were identified and completed.	Partial ²
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> ¹ The provider had environmental risk assessments however they were not specific to the GP practice. The provider had risk assessments in place that covered Johnson Community Hospital in its entirety. However, where risk assessments indicated additional assessments were needed specific to the GP practice this had not been completed therefore assurance had not been gained. Following our inspection, the provider explained they were in the process of making documents more localised. 	

- ² The records did not demonstrate that fire safety checks were in place according to the provider policy. There had been no consideration for the frequency of checks.

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: 16/04/2021	Partial
The practice had acted on any issues identified in infection prevention and control audits.	Partial ¹
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The provider employed cleaning staff to clean the premises. We found on the day of the inspection that the building was visibly clean and tidy. Cleaning schedules were maintained and checked by the provider. Infection control and prevention posters were displayed in clinical rooms. A spillage kit was available. • ¹We saw evidence that an infection control audit had been completed by the Johnson Hospital Infection control team however it was not clear if the The Spalding GP practice premises was included in the audit. 	

Risks to patients

There were gaps in 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.	Partial ¹
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.	Partial ²
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	Partial ³
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • ¹ We were told by staff that there was no effective approach to managing busy periods. Management would try to organise locum cover for clinicians during periods of absences, but this was not always successful. • ² The staff we spoke to were able to articulate the process in place for responding to a medical emergency. We were told that all emergencies would automatically be transferred to the care of 	

the Urgent Treatment Centre, which was within the same department as The Spalding GP practice and located within the Johnson Community Hospital. There was no supporting policy or process to formalise this agreement and offer assurance. In the absence of training for sepsis the provider had not sought assurance that staff would recognise and respond to the risk appropriately.

- ³ We were told by staff that tasks could not always be completed due to a lack of staff and time which resulted in staff experiencing a heavy workload.

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.	Partial ¹
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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The system for processing information relating to new patients including the summarisation of new patient notes was not effective. The provider had risk stratified the notes to include two cohorts. Cohort one included 17 records of patients notes that had not been summarised, five of these had not been received by the surgery dating back to 2015. Cohort two included 482 patient notes that have been summarised elsewhere and awaiting to be reviewed and coded by The Spalding GP Surgery. Of the 482 patient notes the oldest dates back to 2014 with the majority of notes from 2019. At the time of the inspection the surgery was advertising for a zero-hour summariser role.	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.84	0.91	0.71	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2020 to 30/09/2021) (NHSBSA)	7.8%	12.5%	9.8%	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 (01/04/2021 to 30/09/2021) (NHSBSA)	5.05	5.44	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	127.4‰	217.3‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.38	0.89	0.63	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	4.0‰	8.3‰	6.7‰	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
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial ¹
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.	Partial ²
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial ³
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.	Partial ⁴
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> <ul style="list-style-type: none"> ¹ The provider demonstrated there was a system in place for the monitoring of patients requiring high risk medications, however although they demonstrated how test results were viewed prior to prescribing this was not recorded. We shared this information with staff who immediately reviewed the system and took actions where appropriate. ² For five of nine patients prescribed Warfarin (a medicine used to thin the blood) there was limited assurance that appropriate monitoring had taken place prior to prescribing. For two of three patients prescribed Amiodarone (a medicine used to treat cardiac concerns) there was limited assurance that appropriate monitoring had taken place prior to prescribing. We shared this information with staff who immediately reviewed the system and took actions where appropriate. ³ An antimicrobial audit was completed in January 2021. Original audit data were not made available and the practice did not compare data collected with the local area comparator data. ⁴The staff we spoke to explained that the medical oxygen, emergency medicines and defibrillator were checked by the staff at the Urgent Treatment Centre. However, there was no supporting policy or process to formalise this agreement and offer assurance. 	

Track record on safety and lessons learned and improvements made

The practice did not have a system to learn and make 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.	No ¹
There was a system for recording and acting on significant events.	Partial ²
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	No ³
Number of events recorded in last 12 months:	38
Number of events that required action: Unclear	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> ¹ Not all staff knew how to identify and report concerns, safety incidents and near misses. ² There were two systems to use to record and act on significant events. Some staff were unsure about which system to use. ³ We reviewed the process for significant events and found that the system for identifying and recording all events was not effective. Practice management informed us that they had not recorded all events, and some had gone missing without being investigated. The Significant events that we reviewed did not always show that the practice's policy had been followed and did not always contain details including the investigation, outcome and learning of the event. We also found that a number of events were recurring and the practice had not identified any actions to prevent them from happening again. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Wrong recall date for cervical smear on the system.	Noted as human error. Record amended to correct recall date.
A patient required copy of medical records to partake in a medical research programme. Patient emailed the practice, but no response was given.	Apology given to patient. Investigation into the location of the email, this was sent to a central email box and moved by administrators to the "done" inbox. The reason for the mistake was detailed as human error. The learning outcome was staff received an email to explain emails should not be moved unless the task is completed.

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

- We saw examples of actions taken on alerts for example, an alert regarding the blood bottle shortage which was published on 17 September 2021. Staff were made aware via email, a protocol was put in place that only patients with urgent blood tests were able to book appointments. All staff were kept informed of any changes and the practice website was updated.

Effective

Rating: Requires Improvement

We rated Effective as requires improvement because:

- Do not attempt cardiopulmonary resuscitation (DNACPR) were not always completed in line with national guidance.
- Patients' long-term conditions were not always monitored in line with guidance.

QOF requirements were modified by NHS England 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 not always assessed, and care and treatment was not always 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.	No
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">• The practice described the challenges faced since taking over the long-term conditions register from the previous provider. One of which was that the register was not accurate. We saw that efforts had been made to address the challenges. However, there were instances where appropriate monitoring had not taken place in line with the national guidance. We shared this information with staff who immediately reviewed the system and took actions where appropriate.	

Effective care for the practice population

Findings

- 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.
- 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.
- All patients with a learning disability were offered an annual health check.
- The practice demonstrated that they had a system to identify people who misused substances. There was information on help lines and local support groups available on the notice board.
- 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. The lead GP is working in partnership with the Adult Social Care Transformation Commissioner developing a new primary care mental health pathway.
- Patients with poor mental health who found the waiting area to be stressful were able to wait in their car and were telephoned before coming into the appointment. The practice has produced a mental health resources leaflet to give patients a choice of their treatment pathway options including how to access cognitive behavioural therapy support.
- The practice became armed forces accredited in November 2020, this meant the practice could better identify and treat veterans and refer them where appropriate to dedicated NHS services.
- The practice provides the direct enhanced service for patients on the special allocation scheme. The practice supported these patients by booking additional time for appointments where required.

Management of people with long term conditions

Findings

- The practice had taken over the patient list from a provider who had been in special measures and rated inadequate overall. It was recognised that the practice had worked hard to address previous safe care and treatment issues found at that inspection in 2018. However, there were instances where appropriate monitoring had not taken place in line with the national guidance.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice recognised there had been shortages of clinical staffing levels and had recently recruited new nurses to increase monitoring of patients with long-term conditions.
- 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.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. The practice was part of a “Mental health implications of living with a long-term health problem” pilot in 2020 which included a mental health practitioner from Steps 2 Change. Steps 2 change offered cognitive behavioural therapy to patients, lifestyle advice and interventions. Patients with long term health conditions such as, diabetes or heart failure were offered the service. The pilot was extended to respiratory patients and following the success it had now been extended across the primary care network.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. Due to the Covid-19 pandemic many patients have chosen to purchase their own blood pressure equipment and submit recordings for review. The practice had purchased 30 blood pressure monitors for patient use.
- Due to staff shortages asthma reviews had not taken place however the practice had employed more staff to support the reviews and at the time of our inspection they were being trained.

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)	23	27	85.2%	Below 90% minimum
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)	25	31	80.6%	Below 90% minimum
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)	25	31	80.6%	Below 90% minimum
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)	25	31	80.6%	Below 90% minimum
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)	27	39	69.2%	Below 80% uptake

Any additional evidence or comments

- The practice had reviewed children who were overdue their vaccinations and found that a trend was active refusal of vaccination. In these cases, a discussion about this had been documented in the notes, which was often due to cultural beliefs. Other trends identified were poor engagement with services, instability in housing and children who spent long periods of time in other countries. In all cases, proactive follow up had been attempted by phone, letter and SMS. To improve uptake in patients with language barriers a health communities officer who acted as a translator from Lincolnshire Community Health Services visited local factories to provide patient information in different language forms and to talk through concerns face to face.
- The practice provided unverified data to show that the uptake of childhood immunisations had improved. The practice felt this was due to nurses establishing better relationships with new mothers through post-partum appointments, improving reminders and visiting the local factories.
- Staff also attended online workshops for improving access of immunisations for Gypsy, Roma and Traveller people hosted by Public Health England.

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: 31/03/2021) (Public Health England)	67.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	70.9%	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)	55.7%	65.9%	63.8%	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)	50.0%	54.6%	54.2%	No statistical variation

Any additional evidence or comments

The practice provided us with unverified data regarding cervical smears:

- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within 3.5 years for women aged 25 to 49 was now 74.6%
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within 3.5 years for women aged 50 – 64 was now 81.6%
- The practice recognised that a previous issue in low staffing affected patients being able to book an appointment with a clinician who had the skills and qualifications to conduct smears, this had since been resolved with two new nurses.
- The practice gathered feedback through calling patients and recognised a theme of reluctance to attend the practice due to the pandemic. The practice provided additional reassurance through telephone calls with the practice nurses to discuss infection prevention procedures.
- To improve uptake in patients with language barriers a health communities officer who acted as a translator from Lincolnshire Community Health Services visited local factories to provide patient information in different language forms and to talk through concerns face to face.

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes ¹
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Partial ²
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

- ¹ The practice lead clinician is a principle investigator for research. The practice is a research site following The Good Clinical Practice Certification which is a set of internationally recognised ethical and scientific quality requirements.
- ²Quality improvement meetings were held. A member of staff who has since left the practice told us that they were the lead in conducting the clinical audits, since their departure there was no firm plans on who would now be conducting clinical audits. Current staff told us they have not had the training or time to carry out audits. Since the inspection the practice have told us they are advertising for an advanced nursing practitioner who will be lead on facilitating clinical audits in the future.

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

We asked the practice to give examples of clinical audits carried out within the previous two years. They supplied

- A drug monitoring audit on Valproate prescribing safety audit was completed in December 2020, this involved a total of three patients. The audit was due to be repeated in April 2021 but there was no evidence this had been repeated. Valproate is used to treat epilepsy and bipolar disorder.
- We were also provided with a dermatology urgent suspected cancer referrals audit which was completed in June 2021, using referral data from September 2019-2020. There was no learning outcome or improvement activity demonstrated.
- We were also provided with a 2 week wait audit from January 2021 and a record keeping audit from June 2020. There was no learning outcome or improvement activity demonstrated.
- Since the inspection the practice told us the above audits and many others were considered in terms of reprioritisation in the Covid pandemic.

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 ¹
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.	Partial ²
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: <ul style="list-style-type: none"> • ¹ Staff told us although they were given time for learning and development however, they felt this then increased their day to day workload. • ² Staff told us they had annual appraisals but felt that they did not have time to complete or take part in regular one to one meetings. 	

Coordinating care and treatment

Staff worked well 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice GP visited a local care home when required. The care home was complimentary of the GP practice and reported it was easy to get an appointment for residents. 	

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
Explanation of any answers and additional evidence:	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	No
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We reviewed DNACPR documents in patient records we did not always see an assessment of patients' mental capacity was on record. DNACPR decisions were not always completed appropriately and did not include details around discussions and reasons for the decision. 	

Caring

Rating: Good

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 were trained and had access to monthly Equality and Diversity inclusion updates through the LCHS intranet system, which held monthly themes. For example, October 2021 was Black history month and November 2021 was Disability history month. Staff could also participate in interactive webinars.	

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)	87.3%	88.9%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	86.3%	87.7%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	93.8%	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)	77.8%	82.0%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Easy read and pictorial materials were available. • There was a carer lead at the practice who was working towards gaining a carers accredited practice certificate. 	

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)	93.3%	92.8%	92.9%	No statistical variation

Any additional evidence or comments

- The practice was proud to score above the England average from patients who responded to say they felt involved in decisions about their care and treatment.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients who did not have English as a first language were given longer appointment times when necessary. • Patient information leaflets were available inside the entrance porch. • Staff gave patients information leaflets and telephone numbers on support groups and organisations. • Information about support groups such as Dementia support, Carer support and Bereavement advice were available on the practice website. • We saw evidence that information leaflets on a wide variety of medical conditions are available to print if required. 	

Carers	Narrative
Percentage and number of carers identified.	3.45% (109) of 3155 patients
How the practice supported carers (including young carers).	<p>The practice worked with Lincolnshire county council to support increased signposting and distribution of materials. The practice also signposted carers to statutory and charitable support services such as the Admiral Nursing team whom support those caring for patients with Dementia.</p> <p>The practice had appointed a receptionist as the carers lead, utilising their own experience and knowledge of patients to help improve carer identification and support. The practice was working towards a carers accreditation certificate.</p>
How the practice supported recently bereaved patients.	The registered Doctor called the next of kin to offer condolences and support. The practice had a bereavement policy. Staff were able to respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when a bereavement occurred. The practice sent out letters of condolences with contact information for further support if required.

Privacy and dignity

The practice did not always respect patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	No

There were arrangements to ensure confidentiality at the reception desk.	Partial ¹
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• ¹The reception desk was shared with the urgent treatment centre which meant it was difficult to maintain confidentiality. There was a privacy hatch located at the side of reception; however, discussion with staff did not provide assurance that this was being used and we were not assured regarding how patient privacy were being maintained.	

Responsive

Rating: Requires Improvement

At this inspection on, 30 November 2021, we rated the provider as Requires Improvement for providing responsive services.

- Although the practice organised and delivered services to meet patients' needs, the complaints system was not embedded into the practice.
- Complaints were not always responded to appropriately.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We saw evidence that Braille and Audio formats was available upon request. 	

Practice Opening Times	
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
Appointments available:	
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

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

- Staff told us they were seeing patients face to face throughout the pandemic.
- 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues and safeguarding concerns.
- 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.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	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
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice was colocated within the Urgent Treatment Centre corridor, and patients who required urgent care would be referred to the Urgent Treatment Centre on arrival. • The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to poor mobility or limited local public transport availability. 	

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)	84.4%	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)	87.5%	70.9%	70.6%	Tending towards variation (positive)
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)	80.8%	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)	90.1%	84.7%	81.7%	No statistical variation

Any additional evidence or comments

- The practice were proud to have scored above national and local comparators for National GP Survey results.

Source	Feedback
Thank you card to the practice	Card received from a patient saying they are moving out of area and appreciate all the excellent help over the last two years.
Comment to practice	Comment to the practice "to the whole team well done and thank you for the marvellous work you are all doing"

Listening and learning from concerns and complaints

Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	2
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.	Partial
There was evidence that complaints were used to drive continuous improvement.	No
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice complaints system was categorised into concerns and complaints. Information from a patient was classified as a concern if the issue was resolved no later than the next working day from which the complaint was made. There were ten concerns received in the last year. Staff told us they would direct patients who wish to complain to the Patient advice and liaison service (PALS) This is a LCHS designated team that supports the management of PALS, concerns and complaints. Other staff members told us they would direct patients to the practice own complaints procedure. Not all complaints received were investigated in accordance with the practice complaints procedure. There was no evidence of information being provided to patients about the Parliamentary and Health Service Ombudsman if a patient was unhappy with the practice response. There was no information on how to complain in the waiting room, however complaint information was available on the website. There was not always evidence that the practice had reviewed complaints to learn and improve process to prevent reoccurrence. 	

Examples of learning from complaints.

Complaint	Specific action taken
Patient complaint regarding a member of staff conduct	Practice manager called to discuss, and sign posted to A&E.
Patient complaint regarding prescription issues, appointments and wrong information given.	Attempted to contact the patient via telephone on 4 occasions. No other action taken.

Well-led

Rating: Requires Improvement

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

- There was a lack of governance and oversight in areas of the practice such as clinical oversight, health and safety oversight and infection prevention and control.
- The practice had not always identified risks or had assurance that actions had been completed.

Leadership capacity and capability

Leaders had worked hard to overcome many challenges and were aware that further embedding of systems was required.

	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.	Partial ¹
Staff reported that leaders were visible and approachable.	Partial ²
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had taken over the patient list from a provider who had been in special measures and rated inadequate overall. It was recognised that the practice had worked hard to address previous safe care and treatment issues found at that inspection in 2018.• ¹Although leaders had addressed some of the issues they had identified since they had taken over from the previous provider and had an action plan in place to address the issues, it was evident that a number of key areas were still outstanding. Such as staff requiring supervision, embedding learning from incidents and complaints as well as reducing the backlog of notes summarisation.• ² Staff we spoke with told us that the lead GP and practice manager were approachable but not always visible.• ³Staff we spoke with felt GPs in lead roles had a high workload and that there were some capacity issues.• Following our inspection, the practice management team were proactive at dealing with some of the concerns which were identified during our inspection. We were told that the practice has since increased the working hours of staff in none clinical leadership roles and is in the process of recruiting a full time advanced nurse practitioner.	

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"> All staff we spoke to understood the vision, values and strategy of the practice and were passionate in delivering patient centred care. 	

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 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:	
<ul style="list-style-type: none"> The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The lead GP is the vice chair of the black, Asian and minority ethnic (BAME) & Allies system wide Lincolnshire and staff network for the Lincolnshire Community Health Services Trust (LCHS) NHS Trust. 	

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

Source	Feedback
Staff interview and Feedback forms	<p>All staff we spoke with, spoke in positive terms about the practice team and stated that the team worked well together and supported one another. Patient care was at the forefront of the practice.</p> <p>The staff we spoke with were proud of how the team have dealt with the difficulties during the Covid pandemic.</p>

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The system in place to ensure that patients being prescribed high-risk medicines were always appropriately monitored was not effective. We found examples of patients being prescribed medicines, there was not always a record that these had been monitored appropriately. Since the inspection the practice had advised us that all the patients on high risk medicines had been reviewed. We will review this at our next inspection. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No ¹
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	No
There were effective arrangements for identifying, managing and mitigating risks.	Yes
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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> ¹ The practice did not always have comprehensive assurance systems in place in relation to prescribing and monitoring patients' treatment, premises checks, infection prevention and control systems. Staff were able to articulate steps they would take should someone attend who requires urgent attention. However, there was no formal policy or service level agreement in place. 	

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
There were recovery plans in place to manage backlogs of activity and delays to treatment.	No ¹
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were some areas where backlogs had occurred due to staff shortages, however at the time of our inspection new staff were being recruited and trained to assist with any work that was still outstanding. 	

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
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	

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.	N/A
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	

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.	No ¹
Staff views were reflected in the planning and delivery of services.	Yes ²
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: <ul style="list-style-type: none"> ¹The practice did not have an active Patient Participation group. The practice was in the process of recruiting members with information on how to join via their website, registration forms and posters in the waiting room. The practice planned to hold a virtual meeting in December 2021 to appoint a chair. ²Staff at the practice were asked their views via a questionnaire on changes to delivery of services at the practice. 	

Feedback from Friends and family test

Any additional evidence
<ul style="list-style-type: none"> In July 2021 87 patients responded to the friends and family test with 87% giving positive feedback. In August 2021 78 patients responded to the friends and family test with 75% giving positive feedback. In September 2021 28 patients responded to the friends and family test with 86% giving positive feedback.

Continuous improvement and innovation

There were 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"> In response to patient feedback regarding telephone access the practice installed a new telephone system which now had multiple incoming lines. 	

Examples of continuous learning and improvement

- The lead GP at the practice had completed the Edward Jenners leadership programme which is a leadership programme designed to improve leadership behaviours, patient experience and understand the challenges in healthcare.

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.
-
- %_o = per thousand.