

Gosberton Medical Centre

Quality Report

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

Ratings

| | | |
|--|------|---|
| Overall rating for this service | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gosberton Medical Centre on 27 September 2016.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was signed up to the Dispensary Services Quality Scheme (DSQS) and carried out an annual audit in line with the requirements of the DSQS.
- Risks to patients were assessed and well managed.
- A business continuity plan was in place in the event of a major disruption to the service.
- Medicines and Healthcare related products Regulatory Agency (MHRA) alerts and new and amended NICE guidance were discussed at regular clinical meetings. The practice audited current practice against new guidance and took action to improve the service provided.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement in patients' care.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- All staff had undergone training in the Mental Capacity Act 2005.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Patients said they felt the practice offered an excellent service and staff were respectful and caring.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice were proactive and had a good process in place to identify carers and provided additional support as appropriate.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patient feedback said they were able to get an appointment when they needed one. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised.
- A business plan was in place which outlined the short-term and long-term goals of the practice, which underpinned the vision.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a clear meeting structure to ensure information was discussed at relevant meetings in a timely manner.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an established patient participation group which was active within the practice.

The areas where the provider should make improvement are:

- Consider appointing a fire lead with appropriate training.
- Consider and review the current process to investigate complaints to identify the root cause.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was signed up to the Dispensary Services Quality Scheme (DSQS) and carried out an annual audit in line with the requirements of the DSQS.
- Risks to patients were assessed and well managed.
- A business continuity plan was in place in the event of a major disruption to the service.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Medicines and Healthcare related products Regulatory Agency (MHRA) alerts and new and amended NICE guidance were discussed at regular clinical meetings. The practice audited current practice against new guidance and took action to improve the service provided.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement in patients' care.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- All staff had undergone training in the Mental Capacity Act 2005.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they felt the practice offered an excellent service and staff were respectful and caring.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice were proactive and had a good process in place to identify carers and provided additional support as appropriate.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patient feedback said they were able to get an appointment when they needed one. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led.

- A business plan was in place which outlined the short-term and long-term goals of the practice, which underpinned the vision.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a clear meeting structure to ensure information was discussed at relevant meetings in a timely manner.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an established patient participation group which was active within the practice.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A weekly ward round was carried out at a local nursing home where some patients resided.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 88% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place 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 A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

Good



People experiencing poor mental health (including people with dementia)

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

- 94% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 96% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above national averages. 216 survey forms were distributed and 129 were returned. This represented 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 34 comment cards, 32 of which were positive about the standard of care received. Patient feedback said staff were respectful and caring and they felt GPs gave enough time during an appointment. However, two comment cards mentioned difficulty in getting an appointment at times and three mentioned they did not like the new appointment system.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Consider appointing a fire lead with appropriate training.
- Consider and review the current process to investigate complaints to identify the root cause.

Gosberton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Gosberton Medical Centre

Gosberton Medical Centre is a GP practice, which provides primary medical services to approximately 6,449 patients predominately living in Gosberton and surrounding areas. All patient facilities are accessible. South Lincolnshire Clinical Commissioning Group (SLCCG) commission the practice's services.

The practice has three GP partners (male). The nursing team consists of an advanced nurse practitioner (also a partner), four practice nurses and four health care assistants. The dispensary consists of a medicines manager, five dispensers, two dispensary assistants and two delivery drivers. They are supported by a Practice Manager and a team of administrative and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 7.30am and 8am on Mondays and Tuesdays. Urgent appointments and telephone consultations are also available for people that need them.

The dispensary is open between 8am and 6.30pm Monday to Friday.

The practice also offers a minor illness service which patients can ring on the day and book into.

Patients can also access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre, as well as accident and emergency departments.

The practice is an approved training practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, practice manager, medicines manager and administrative and clerical staff.
- Spoke with members of the patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, given an explanation and a written or verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and discussed them at weekly staff meetings, as well as management meetings.

Staff informed us safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were discussed at meetings and action taken as necessary. The alerts were reviewed immediately by the relevant staff.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice also held quarterly meetings with a school nurse and health visitor to discuss any safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received either a Disclosure and Barring Service (DBS) check or a risk assessment to identify the limitations of a chaperone. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicine monitoring and contacted patients by telephone to ascertain if the patient was still taking the medicine and carry out any relevant reviews, this included anti-epileptic medicines. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- There was a named GP responsible for the dispensary and staff members involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The practice was signed up to the Dispensary Services Quality Scheme (DSQS) and carried out an annual audit in line with the requirements of the DSQS. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same recruitment checks were carried out for locum staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice carried out weekly walkrounds to ensure the premises were maintained appropriately. The practice had up to date fire risk assessments and carried out regular fire drills. Staff received fire training and were aware of their responsibilities, however the practice did not have a

nominated fire marshall. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice held weekly clinical team meetings which discussed MHRA alerts and NICE guidance. A learning log was held by the practice to show the actions taken as a result of alerts and NICE guidance, including audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 88% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 94% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 96% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

The practice reviewed the QOF data on a quarterly basis and made contact with patients to ensure they made an appointment and had the relevant tests.

There was evidence of quality improvement including clinical audit.

- The practice had completed numerous clinical audits in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.
- The practice had carried out an audit regarding NICE guidance published in November 2015 (Menopause: diagnosis and management). The audit was initially carried out in January 2016 and again in August 2016. The audit in August 2016 demonstrated an increase from 29% to 62% of the number of suitable women using transdermal hormone replacement therapy, as recommended in the NICE guidelines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and competencies for healthcare assistants were reviewed and maintained regularly for spirometry and diabetic foot examinations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, informal clinical supervision and facilitation and support for revalidating GPs and nurses.

- All staff had received an appraisal within the last 12 months. Staff told us they thought the appraisal process was productive and included a mid-year review.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training during a weekly meeting.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a policy in place with regards to referring patients to other services to ensure this was recorded accurately within the patient record. Referrals were monitored and audited to show the number of referrals made by each GP per speciality, as well as those patients that had indicated a specific choice.
- A mail handling protocol was in place to ensure clinical letters related to named patients were reviewed by a clinician and all staff were aware of this protocol.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, including health visitors, school nurses and district nurses, on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- All staff had training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Patients were signposted to the relevant service. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- Nursing staff also discussed general health opportunistically during appointments with regards to smoking and diet.
- The practice offered smoking cessation clinics at the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 92% and five year olds was 95%. The practice had a protocol in place to telephone parents if an appointment for a childhood immunisation had not been kept.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual reviews for patients with learning disabilities and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Thirty-two of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were respectful and caring.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

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

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback told us they could talk to GPs and the nursing team and ask any questions about their concerns. Patients said they did not feel rushed during an appointment either.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included Care Uk, MacMillan Cancer Support and Shine, a mental health support network in Lincolnshire.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 310 patients as carers (4.6% of the practice list). All identified carers were offered the seasonal flu vaccination. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- A weekly ward round was carried out at a local nursing home where some patients resided.
- The practice was able to offer 24 hour ECGs and 24 hour blood pressure monitoring at the practice.
- A medicines delivery service was also available Monday To Friday for all dispensing patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered between 7.30am and 8am on Mondays and Tuesdays. Urgent appointments and telephone consultations were also available for people that needed them.

The dispensary was open between 8am and 6.30pm Monday to Friday.

The practice offered a minor illness service which patients could ring on the day and book into. A minor illness nurse was able to review patients for illnesses such as coughs, potential urine infections and ear infections, which reduced the need for patients to see a GP.

The practice had recognised the problems with patients accessing appointments from the patient survey, as well as general patient feedback. In June 2016, a new appointment system was introduced. A GP telephoned each patient back

to ascertain if they needed a telephone consultation or face-to-face consultation, if a face-to-face consultation was required an appointment was arranged for the same day or a day convenient to the patient. The practice were due to review the new system in October 2016, however had carried out a brief patient satisfaction survey which showed high patient satisfaction.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Most patient feedback said they were able to get an appointment when they needed one. However, two comment cards mentioned difficulty in getting an appointment at times and three mentioned they did not like the new appointment system.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at a sample of complaints received in the last 12 months. We saw as a result of many complaints GPs contacted the patient to discuss their concerns, apologised where appropriate the complaint was noted to be resolved. A complaints log identified the lessons learnt from each individual complaint, however some were noted to be human error and we were unable to establish why the error occurred from the investigation carried out.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

A business plan was in place which outlined the short-term and long-term goals of the practice, which underpinned the vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and encouraged a culture of openness and honesty. Staff told us the practice was committed to patient care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice supported affected people, gave an explanation into the incident and a verbal or written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, as well as departmental meetings. Staff were informed of and discussed complaints, incidents and patient comments to ensure lessons were learnt and services were developed as appropriate.
- Learning logs were maintained to show the actions taken as a result of alerts, NICE guidance and significant events. The learning logs were discussed at regular clinical meetings to promote a learning culture within the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG was an established group which met regularly and continued to increase its group membership. The practice raised patient issues with the practice to improve services, which the practice acted on. For example, the practice implemented a self check-in service which reduced the queues at reception. The practice also kept the group informed on service developments including the introduction to GP Access, which had seen a decrease in the amount of patients that did not attend an appointment. The group also held social events to promote the group, took information leaflets from the practice to raise awareness of support groups and medical conditions, as well as to

Are services well-led?

Good 

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raise funds for the practice. A protocol was in place to ensure the funds raised by the PPG were used to purchase equipment the commissioners would not fund, but would benefit the practice and patients.

- Comments sheets were available in the patient waiting area. We saw the practice collated the comments left by patients and discussed them at practice meetings. Any trends or actions identified were carried out as appropriate. This included positive comments about the service received as well as feedback regarding patient experience.
- Local patient surveys were carried out to assess and review the quality of the service provided. This included a recent survey on the new GP Access system which

demonstrated over 90% of patients were satisfied with the new appointment system. An additional survey was currently being completed by patients, which included questions regarding the new appointment system, obtaining repeat prescriptions, obtaining test results and questions regarding the staff and general satisfaction of the practice.

- The practice gathered feedback generally from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They also told us they were involved in improvements to the service and management listened to their suggestions.