

# Spilsby Surgery

## 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 Spilsby Surgery on 10 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there was continuity of care, access to GPs and clinicians through the telephone triage system was effective and same day appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should ensure that the process that enabled practice staff to identify children who may be subject to safeguarding concerns is consistent and that the records of clinical meetings where

# Summary of findings

safeguarding issues were discussed reflected what had taken place. The practice should also consider identifying and monitoring children who did not attend appointments in secondary care.

- Ensure that most recent NICE guidance is disseminated and followed by GPs and staff.
- Review the process used to check dispensary stock is within expiry date and maintain appropriate records.

- Improve arrangements for dispensary 'near-miss' recording.
- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.

**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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Medicines were effectively and safely managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however we found there was some inconsistency in how the patient records of children subject to safeguarding concerns were flagged to heighten awareness with staff.
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

## 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 for example through the older persons service.
- Patients with a medical need were able to see or have a telephone consultation with a GP or clinician on the day. Clinical assessments were all made by GPs or an appropriately trained and qualified clinician.
- 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 quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- GPs and staff were engaged with the wider healthcare community. For example they held key posts at the local medical committee, CCG and a community healthcare trust.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for all staff groups.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 Advanced Nurse Practitioner conducted weekly visits to the three residential homes where patients of the practice lived.
- In collaboration with East Midlands Ambulance Service the practice had developed and implemented a practice conveyance programme to give paramedics the opportunity to transport appropriate patients to the surgery instead of the hospital Emergency Department where this had been agreed with the duty clinician.
- The practice participated in the clinical commissioning group initiated Older Adults Service and provided additional care to meet the needs of this group of patients. The service was managed by a part time care co-ordinator, who was a nurse.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes framework showed that the clinical indicators for diabetes care were 100%, which was 7% above the CCG and 10% above the national average.
- The practice worked with other healthcare providers to deliver the 'Healthier You' diabetes prevention programme.
- Home visits to patients with long term conditions who were unable to attend the surgery were undertaken by the advanced nurse practitioner.
- All these patients had a named GP and 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



# Summary of findings

## Families, children and young people

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

- The practice offered a full range of long-acting reversible contraception, and free condoms to C-Card holders.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Rates of cervical screening were in line with both CCG and national figures.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a full range of immunisations for babies, children and young people. Immunisation rates were relatively high for all standard childhood immunisations.
- We positive examples of working with health visitors in ensuring that parents brought their child to the practice for childhood immunisations.

Good



## 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 online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours appointments on two evenings a week and on Saturday mornings to help meet the needs of patients in this 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 homeless people those with a learning disability.
- The practice had 86 patients on its learning disability register and offered longer appointments for patients in this group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

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

## **People experiencing poor mental health (including people with dementia)**

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record in the preceding 12 months was 74%, which was comparable to other practices.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had identified 70 patients experiencing poor mental health and told them how to access various support groups and voluntary organisations.
- There was a good understanding of how to support patients with mental health needs and dementia. Staff had received specific training in dementia awareness.

Good



# 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 in line with local and national averages. 235 survey forms were distributed and 138 were returned. This represented a return rate of 55% compared to the national average of 38%.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% 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%.

The clinical commissioning group had carried out a listening clinic in November 2015 in which they invited 36 patients attending a flu clinic to share their views and experiences of Spilsby Surgery. Overall feedback for the practice was positive, and the patients the team spoke to expressed high levels of satisfaction with many areas of care. The main concern was relating the availability of appointments with a patient's own GP, however other patients considered access to be good.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were positive about the standard of care received. They commented upon the caring attitude of staff and GPs, the quality of care and the cleanliness and facilities at the surgery. Two cards expressed their concerns about the time taken to see a GP of choice.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should ensure that the process that enabled practice staff to identify children who may be subject to safeguarding concerns is consistent and that the records of clinical meetings where safeguarding issues were discussed reflected what had taken place. The practice should also consider identifying and monitoring children who did not attend appointments in secondary care.
- Ensure that most recent NICE guidance is disseminated and followed by GPs and staff.
- Review the process used to check dispensary stock is within expiry date and maintain appropriate records.
- Improve arrangements for dispensary 'near-miss' recording
- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.

# Spilsby Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of CQC lead inspector, a CQC medicines inspector and a GP specialist adviser.

## Background to Spilsby Surgery

Spilsby Surgery provides primary medical services to approximately 7,350 patients from a single surgery situated in the small market town of Spilsby, Lincolnshire. 53% of the patients reside in the surrounding villages.

The nearest Accident and Emergency units are in Boston, 17 miles and Lincoln 31 miles distant. Public transport links are poor and there are pockets of rural deprivation and isolation.

The practice has a higher number of older patients than the national average. 28% are aged over 65 compared to 18% nationally. The practice has a higher number of patients with long term conditions than the national average.

At the time of our inspection the practice healthcare was provided by three GP Partners, two salaried GPs, one non-clinical partner, one advanced nurse practitioner (whole time equivalent WTE 1.00), two practice nurses (WTE 1.4) and two health care assistants (WTE 1.3). There is also a part time Care Co-ordinator who is a registered general nurse and is responsible for the management of older adults service. They are supported by a team of dispensers, management, administration, reception and housekeeping staff.

The practice is located within the area covered by NHS Lincolnshire East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices, the clinical commissioning group and NHS England for delivering primary care services to local Communities). It is a dispensing practice.

The surgery is open from 8am to 6.30pm Monday to Friday and on Tuesday and Wednesday evenings and Saturday mornings for pre-booked appointments only.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

We had not previously inspected this 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.

# Detailed findings

## 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 10 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manager, dispensers, receptionists, nurses and administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the Patient Participation Group

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

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 reviewed the 19 significant events that had been recorded in the previous 12 months and saw that they had been well investigated with good evidence collection and analysis. The practice utilised Datix to report incidents to the clinical commissioning group.
- We saw evidence that when things had gone wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example we saw that action had been taken to ensure staff did not inadvertently incorrectly label samples as a result of having two patient records open simultaneously.

### 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and healthcare assistants were all trained to child safeguarding level 3.

- GP partners told us that the medicines delivery service operated by the practice was valuable in helping to bring to the attention of the partners patients who may be vulnerable or in need of assistance. We saw evidence supporting this premise.
- A notice in the waiting room and in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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). Face to face chaperone taring had been delivered in house.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. A nurse practitioner 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.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Medicines Management

- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Spilsby surgery for Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), a system was in place to ensure relevant staff had read and understood SOPs. Prescriptions were signed before being dispensed and there was a process in place to ensure this occurred.

## Are services safe?

- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction. Expired and unwanted medicines were disposed of in accordance with waste regulations. Dispensary staff told us there was a procedure in place to ensure dispensary stock was within expiry date, however they did not keep records of checks. We saw there was a process for monitoring prescriptions that had not been collected.
- There was a system in place for the management of repeat prescriptions including high risk medicines. Staff did not keep a “near miss” record (a record of errors that have been identified before medicines have left the dispensary). Which meant they could not easily identify trends and patterns in errors and take action to prevent reoccurrences.
- There were appropriate arrangements in place for the recording of significant events involving medicines.

We saw records relating to recent medicine safety alerts, and action taken in response to

- Monitored dose systems were offered to patients who struggled to take their medicines; we saw the process for the packing and checking of these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewarded practices for providing high quality services to patients using their dispensary. We saw evidence of audits relating to the dispensary as well as a patient satisfaction survey for this aspect of the service.

- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. The surgery held stocks of emergency medicines and processes were in place to ensure they were within expiry date.
- Blank prescription pads were recorded upon receipt into the practice and stored securely; however prescriptions for use in printers were not tracked through the practice in accordance with national guidance.

### 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 with a poster displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 the control of substances hazardous to health, asbestos in buildings, infection control 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 all 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.

## Are services safe?

- All staff received annual basic life support training .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 defibrillator and oxygen available on the premises. A first aid kit and accident book were available.

The practice had a comprehensive disaster recovery and continuity plan in place for major incidents and foreseeable events that might affect the running of the practice such as power failure , building damage, loss of utilities or major incident.

# 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. However we found that they were not a standing agenda item at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. For example data from 2015/16 showed:

- Performance for diabetes related indicators was better than the national average. The practice achieved 99.8% in this clinical indicator and 100% in the for mental health related indicators.
- Clinical exception rates were 9.4% which was below both the CCG and national average.

The practice had continued to undertake weekly 'ward rounds' at the three residential homes where 96 of their patients lived. These were conducted by the advanced nurse practitioner who undertook reviews and saw patients on request. The process had been audit for its effectiveness and it could be demonstrated that it resulted in a reduction in calls to the practice,

consultations and unplanned admissions. In addition the practice had provided training to staff at the homes in blood pressure monitoring, glucometer use and urinalysis.

There was evidence of quality improvement including clinical audit.

- We saw evidence of three clinical audits completed in the last two years, all were completed audits where the improvements made were implemented and monitored. They related to the appropriateness of accident and emergency attendances, management of gout and thyroid function.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements in the management of gout in patients following a two cycle audit conducted in March and July 2016.

### 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 fitting intrauterine devices.
- 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 training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- 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 protected learning time which was undertaken on one Thursday afternoon monthly.

### 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.

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. GPs told us that it had been difficult to engage with school nurses and health visitors due to their working practices and demands upon their time.

The practice was one of only two Lincolnshire GP practices to have been awarded the Gold Standard Framework Quality Hallmark Award for the quality and organisation of care for patients approaching the end of life. The practice hosted monthly multi-professional meetings for end of life patients with representation from community nursing, Hospice at Home, Marie Curie, Macmillan and community hospital teams. GPs and staff told us the meetings were functional and facilitated sharing of information between the various agencies. We were told that 'methodological rigour' had been introduced to the process and that is what drove its effectiveness.

### 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. 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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, smoking and alcohol cessation. Patients were signposted to the relevant service where the service was not provided in-house for example the Quit 51 smoking cessation programme.
- The practice offered a comprehensive range of contraceptive and sexual health services, including a full range of long-acting reversible contraception and free condoms to C-Card holders.
- The practice worked with other healthcare providers to deliver the 'Healthier You' diabetes prevention programme.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 74% 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. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening where uptake was higher than both CCG and national averages. There were

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

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

vaccinations given to two year olds ranged from 95% to 100% which was comparable to the CCG average of 90% to 97% and five year olds from 95% to 100% which was comparable to the CCG average of 87% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients 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 members of staff were courteous and very 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.

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 helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% 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%.

- 93% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients said they felt involved in decision making about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 local and national averages. For example:

- 89% 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%.
- 87% 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%.
- 88% 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:

- Translation services were available for patients who did not have English as a first language.
- The practice information leaflet was clear and simply set out and provided a wide range of information.
- The practice website was easily accessible, informative and translated in a wide range of different languages.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer or was cared for. The practice had identified

246 patients who were either cared for or carers, which was 3.35% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that when families suffered bereavement, the deceased patients usual GP contacted them and offered signposting to counselling and support services.

# 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.

- The practice offered longer appointments 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.
- In collaboration with East Midlands Ambulance Service the practice had developed and implemented a practice conveyance programme to give paramedics the opportunity to transport appropriate patients to the surgery instead of the hospital Emergency Department where this had been agreed with the duty clinician. This resulted in patients been seen in a more timely manner, closer to home and had the added benefit of reducing pressures on accident and emergency departments.
- All patients who had been assessed as having a need to be seen that day were given an appointment to see either a GP or nurse practitioner as appropriate.
- The practice participated in the older adults admission avoidance scheme and employed a care coordinator, a nurse, to oversee and coordinate the scheme for the benefit of patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, for example the surgery had good level access, automatic opening doors to aid wheelchair and mobility scooter users and all clinical rooms were on the ground floor. The reception desk was of dual height to remove the barrier between reception staff and persons using wheelchairs.

### Access to the service

The practice operated a version of 'Doctor First' which meant that patients contacting the practice got to speak to either a GP or nurse practitioner in the first instance if they

thought they could not wait until the next routine appointment. GPs and clinicians made an assessment of the most appropriate means of meeting the patient health care needs. For example that could be advice, self-treatment, contact a pharmacy or a GP/clinician consultation.

This system enabled GPs and clinicians to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

The surgery was open between 8am and 6.30pm Monday to Friday. The surgery was open on Tuesday and Wednesday evenings and Saturday mornings for pre-booked appointments. Appointments could be made in person, by telephone or on-line.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 79%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

Members of the patient participation group who were all patients of the practice told us that they were able to get appointments when they needed them and that the introduction of the 'Doctor First' triage system and improved access to the service, although they acknowledged that seeing a GP of choice could still take some little time.

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example on the practice website, the practice information leaflet and on posters displayed in the patient waiting area.

We looked at the 16 complaints received since December 2015 and found these were satisfactorily handled, dealt

with in a timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# 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.

- There was clear evidence that the partners and staff had worked hard to improve the surgery environment and had continuously monitored outcomes and adapted procedures to improve the running of the practice.
- The practice had engaged with external consultants to identify their core values and critically examine care pathways from a patient perspective. This assessment had resulted in re-defining the way unscheduled and care for those with long term conditions delivered together with improvements to the surgery environment for patients and staff and improved communications.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had played a pivotal role in the formation of a GP federation for the practices in the locality and the practice manager had been nominated to hold a key position in the federation governance structure.

### 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had commissioned an overarching external clinical risk assessment in March 2016 which had looked at all areas of risk within the practice and had made

some suggestions for improvement. We saw that the actions plans formulated a result of the recommendations had been implemented and improvements made.

- 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. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

GPs also worked for the clinical commissioning group and others held directorships of the Lincolnshire Local Medical Committee and a Community Healthcare Trust.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

# Are services well-led?

Good 

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

- 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 had five committee members and 235 virtual members of varying engagement and interest. The group communicated by email, carried out patient surveys and submitted proposals for improvements to the practice management team. We found the group to be well engaged with the practice and other PPGs and played a role in acting as the practice's 'critical friend'. The group published their meeting minutes on the practice website and we found them to be very well written, informative and demonstrated that the meetings had addressed issues relating to both patients at the surgery and those affecting the wider healthcare

landscape. For example, we saw how the group was playing an integral part in working with councillors at local and district level and developers to enhance the availability of medical services in light of a proposed housing development of more than 500 new homes.

- The practice had gathered feedback from staff through a staff survey, a staff away day at a local hotel and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the partners had sought the views of staff prior to the modernisation and improvement of the practice to help ensure the work carried out best met the needs of patients.
- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and participated in the training of doctors and nurses. The practice was a postgraduate GP training practice and two of the GPs were trainers. In addition the practice accepted undergraduate nursing and medical placements.