

# Willingham-by-Stow 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 Willingham-by-Stow Surgery on 6 December 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.
- Patient survey figures showed patients rated the practice consistently higher than others for all aspects of care.
- 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.
- 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.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons.
- 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.
- The practice had identified 105 patients as carers (2.7% of the practice list).

The areas where the provider should make improvement are:

# Summary of findings

- Complete an annual review of significant events including near misses and complaints to identify trends and themes.
- Update action plans accordingly to evidence completed actions

- Consider including dispensing staff in clinical meetings.

**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.

Good



- 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 although an annual review had not been completed.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- National patient safety and medicine alerts were disseminated within the practice and actioned where applicable.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average compared to the 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 for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice significantly higher than others for many aspects of care.
  - 97% 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%.

# Summary of findings

- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.
- The practice had identified 105 patients as carers (2.7% of the practice list).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- Comment cards said that patients were able to get an appointment and were also able to be seen on the day if required.
- 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.
- The practice had a dispensing delivery service for those patients that were unable to attend the practice to collect their prescriptions. This was completed by volunteers once a week.

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.
- 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.

Good



# Summary of findings

- 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.
- 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 proactively sought feedback from staff and patients, which it acted on.

# 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 worked at identifying patients at risk of hospital admission to reduce the risk and reduce the amount of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had two bi-weekly sessions at the branch surgeries which had areas of a high elderly population.
- Dosette boxes and a delivery service for those patients that needed it provided from the dispensary.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.

Good



### People with long term conditions

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

- One of the GPs had lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The nursing team were trained in long term conditions and the practice worked alongside community specialist nurses such as the community respiratory team.
- Performance for diabetes related indicators was comparable to CCG and national averages. (96% compared to 92% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.

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.

Good



# Summary of findings

- Immunisation rates were in line with CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was similar to the CCG average of 80% and the national average of 76%.
- 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 and flexible.
- Patients could book appointments on line, in person or on the telephone.
- The practice offered a same day urgent triage and telephone consultations if required.
- The practice was proactive in offering online services as well as 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 branch surgery was within walking distance from one of the learning disability/psychiatric facilities.
- The practice offered a flexible appointment for these patients to reduce stress if attending the practice.
- 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.

**Good**





# Summary of findings

- 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).

- 70% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 80% and the national average of 79%.
- 100% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was higher than the national average of 92%.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed a training session on dementia.

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 above with local and national averages. 215 survey forms were distributed and 130 were returned. This represented 3.4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all highly complementary about the service. Patients spoke highly of all staff at the practice and described them as friendly and caring. They told us that they were treated with dignity and respect and said that clinical staff took time to listen and explain things to them. They said that they felt staff went the extra mile.

We spoke with three patients who said that the service they received was excellent and that the staff were helpful and that they always got an appointment on the day should they need one.

We spoke with staff at residential care homes that had residents that were patients of the practice. The staff we spoke with said that the practice offered good care. They said that GPs always attended for home visits when requested and that all staff at the practice were helpful.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Complete an annual review of significant events including near misses and complaints to identify trends and themes.
- Update action plans accordingly to evidence completed actions
- Consider including dispensing staff in clinical meetings.

# Willingham-by-Stow Surgery

## 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.

## Background to Willingham-by-Stow Surgery

Willingham-by-Stow Surgery is a two partner practice which provides primary care services to approximately 3850 under a General Medical Services (GMS) contract.

- The practice is situated in a purpose built building and has two branches that are open twice a week for one hour. The branches are situated in rural areas and are for patients that are unable to attend the main practice for GP consultations.
- The main site has a car park at the back of the building with a disabled car parking space at the front next to the door. There is a small dispensary that dispenses to 88% of the practice patients.
- Services are provided from The Surgery, High Street, Willingham-by-Stow, Gainsborough, Lincolnshire, DN21 5JZ with branches at 11 The Old Courtyard, Marton, Gainsborough, DN21 5XX and 38a Middle Street, Corringham, Gainsborough, DN21 5QS.
- The inspection team visited the The Surgery, High Street site for the inspection.
- The practice consists of two partner GPs (male) and one salaried GP (female).
- The nursing team consists of two practice nurses, one health care assistant (HCA) and a phlebotomist.

- The practice has a practice manager who is supported by a patient services manager, five dispensing staff and seven clerical and administrative staff to support the day to day running of the practice.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has a higher than average number of patients aged 45 and over and a lower than average under 45 years of age.
- The practice has low deprivation and sits in the fourth least deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures; family planning, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.
- The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice is open between 8am and 6.30pm Monday to Friday. The branch at Marton is open Monday and Fridays 12.30pm to 1.30pm and Corringham Tuesday 12.30 to 1.30pm and Thursday 12pm to 1pm. Appointments are available from 8.30am to 6pm at the main practice with appointments in the designated times at the branches, bookable at Willingham. GP appointments are available on the day and pre-bookable appointments can be booked up to six weeks in advance.

# Detailed findings

## 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 24 November 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nursing staff and administrative staff).
- Spoke with three members of the patient participation group (PPG).
- Spoke with staff at residential care homes in the area.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.'

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 forms that had been completed showed the practice were aware 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, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a review of significant events at clinical meetings. The practice had not carried out an annual review of significant events at the time of the inspection.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a process that had not been followed had been recorded as a significant event and staff had been reminded of the process and the importance of it. Significant events were agenda items at each clinical meeting and we saw minutes of the meetings to show these were discussed. However dispensing staff were not included in the clinical meetings. Near misses in the dispensary were also recorded however there was no review of these or trend analysis to identify any learning. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a file which contained the alerts received which had been signed by staff to confirm that the required action had been completed. We saw searches that had been completed in relation to safety alerts that showed the actions taken.

### 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. There was a lead member of staff 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 and nurses were trained to child protection or child safeguarding level 3. We saw examples of multi-disciplinary meetings that were held to discuss individual cases. The practice were aware of any children that were patients and were at risk and we saw that these were flagged with alerts on the patients electronic record. Safeguarding was a standard agenda item on the clinical meeting. The practice had quarterly safeguarding meetings which the health visitor was invited to and telephone contact with the school nurses. The practice also communicated with the other agencies through the practice electronic computer system to discuss any concerns.
- A notice in the waiting room and on the doors of all treatment 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)
- The practice maintained appropriate standards of cleanliness and hygiene. The practice was found 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. The practice completed annual infection control audits and we saw evidence that actions were identified and an action plan with dates for completion. We saw that the actions had been completed however the action plan had not been amended to show this had occurred. The

## Are services safe?

infection control lead had completed training to enable them to carry out this role and also trained staff in the practice on infection control issues such as hand washing.

- 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 medicines audits, with the support of the local CCG pharmacy 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 effective systems in place to monitor their use. There were no blank prescriptions forms kept in consultation rooms, all requests were sent to a dedicated printer for prescriptions in the dispensary
- 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 influenza, vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, interview records, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. 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. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The dispensary at 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.

### 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 in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments for all sites and Legionella risk assessments had been conducted at all sites. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the practice were running and testing the temperature of water in line with their legionella policy. 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 risk assessments in relation to control of substances hazardous to health at the inspection and we were shown safety sheets relating to the products used.
- 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.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had defibrillators at the branches on the external wall that had been funded jointly by the

## Are services safe?

practice and the local parish council. These were available for any person that needed it and on telephoning the emergency services would be provided with the code to the secure box.

- Emergency equipment and 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, contact numbers for other agencies such as Gas and Water suppliers. This had been tested when the practice had lost their telephone system and had referred to their business continuity plan to good effect.



# 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.
- Clinical audits and NICE guidance were standard agenda items at the fortnightly clinical meeting which was attended by GPs and nursing staff.
- 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 99% of the total number of points available. Exception reporting for the practice was 7.9% which was in line with national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to CCG and national averages. (96% compared to 92% CCG average and 90% national average).
- Performance for mental health related indicators comparable to CCG and national averages. (100% compared with 92% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been some clinical audits completed in the last two years, with an additional number of non-clinical audits completed.
- Audits on the GPs were completed to assess the standard of record keeping. Samples of patient records were reviewed to look at entries such as chaperone offered, consent recorded and discussion on patient choice. This was completed for each clinician and then the information was gathered and fed back for discussion at clinical meeting.
- Audits that had been completed showed actions to be taken and learning however there was no documented evidence that the actions had been completed or that they had been discussed in the clinical meetings although staff we spoke with said that they were.
- Audits had been identified through safety alerts and NICE guidance.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. The practice had a medicines reconciliation policy so that there was a clear process in place for managing changes to patients medications.

### 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. The practice had a list of training completed for each staff member which showed the date completed and the date for review.
- 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



# Are services effective?

## (for example, treatment is effective)

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, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and Nurses. All staff had received an appraisal within the last 12 months. Appraisals that we looked at showed training needs identified.
- 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.

### 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.

- 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. Referrals for patients on two week wait criteria were emailed and logged by a staff member. Referrals of this type were followed up the following day with a telephone call to check that the department had received the referral. The practice then followed up all two week wait referrals to ensure that patients received an appointment and then checked to ensure a letter was received back to the practice from the hospital following the appointment. faxed through and then the practice followed up with a

phone call to ensure the referral had been received. Meetings took place with other health care professionals on a monthly 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. 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. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was similar to the CCG average of 80% and the national average of 76%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had a process for ensuring patients attended for the cervical screening and letters were sent by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages. For example, childhood immunisation rates for the

## Are services effective?

(for example, treatment is effective)

vaccinations given at the practice to under two year olds ranged between 80% to 94%, (CCG averages ranged between 92% to 97%) and five year olds from 88% to 96% (CCG averages ranged between 89% to 96%). Children that did not attend were discussed at safeguarding meetings and followed up with the GPs.

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.
- The waiting area was situated away from consulting rooms.
- 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. There was a sign offering this at reception.

All of the 29 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Comments said that the GPs were very good and that they always got an appointment when needed and if required this would be on the same day.

We spoke with three members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that they could always get an appointment on the same day. 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 national and CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% 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%.

- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% 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 CCG average of 89% and 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 CCG average of 94% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. A number of comments said that GP's would always take time to answer questions and explain things. 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 above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had a hearing loop for those that required it.

### **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. 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. The practice had identified 105 patients as carers (2.7% of the practice list). The practice routinely asked if the patients were carers at registration. These

patients were flagged on the computer system so that appointments could be more flexible to help them with their caring role. The practice could refer to local caring support agencies which could help with equipment and finances for example.

Staff told us that if families had suffered bereavement the normal GP may contact the families and phone calls were either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A bereavement card may be sent to the family depending on the individual circumstances and the relationship of the deceased and the next of kin to the practice. We saw that there was a written procedure in relation to bereavement so that all relevant staff were informed and that appropriate action was taken.

# 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.

- Patients could book and cancel appointment on line, by phone and in person.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A bypass telephone was provided for patients that were identified at risk of unplanned admission to the hospital.
- 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.
- Patients were able to receive travel vaccinations available on the NHS.
- A phlebotomy service was provided for patients.
- The practice had a dispensary at the main surgery and dispensed to 88% of the practice patients.
- The practice had a dispensing delivery service for those patients that were unable to attend the practice to collect their prescriptions. This was completed by volunteers once a week.
- The practice had a residential care home near one of the branches. Patients at this care home that were also patients of the practice had priority appointments on a Friday afternoon to enable patients to attend easily.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The branch at Marton opened Monday and Fridays 12.30pm to 1.30pm and Corringham branch Tuesday 12.30 to 1.30pm and Thursday 12pm to 1pm. Appointments were available from 8.30am to 6pm at the

main practice with appointments in the designated times at the branches, prebooked at Willingham. GP appointments were available on the day and pre-bookable appointments could be booked up to six weeks in advance.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Comment cards and patients we spoke with said they were able to get an appointment and were also able to be seen on the day if required.

### 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 for example a complaints poster and leaflet in reception.
- The practice recorded all complaints even if they were made verbally. These were recorded as a significant admin events and we saw that they were investigated with actions taken and lessons learned from these.

We looked at two complaints received in the last 12 months and found these were handled accordingly in line with the practice policy and dealt with in a timely way. Apologies were given where appropriate and action was taken as a result to improve the quality of care. We saw that all complaints were discussed with all the staff at the next available practice meeting.

# 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.

- The practice had a vision to deliver good care and to meet patient expectations.
- The practice had a plan for the next 12 months prioritising areas that they had identified to work on.

### Governance arrangements

The practice had an effective 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 on the practice computer system.
- 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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The audits, significant events and other action plans such as infection control action plans, were completed and reviewed with staff however the practice did not update the action plans to show that the actions were completed.

### Leadership and culture

On the day of inspection the partners and management 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. Staff told us the GP's and management were approachable and always took the time to listen to all members of staff.

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 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 of which minutes were available.
- 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, particularly by the management 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.
- Staff said that they enjoyed working at the practice and that they had strong support from their colleagues.

### 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 PPG met quarterly and discussed ways that they could look at how the practice could be improved.
- The PPG members that we spoke with said that they were looking at ways to decrease the amount of appointments wasted by patients not attending and not

# Are services well-led?

Good 

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

cancelling them. We saw that the practice had a designated disabled parking bay and that the opening hours of the dispensary had changed which were all following suggestions from the PPG.

- The practice had two comment books available in the practice waiting area for patients to complete and we saw that suggestions had been updated by the practice with actions taken and dates of meetings to discuss suggestions.
- The practice had gathered feedback from staff through staff meetings and annual appraisals. The practice had ran a stress questionnaire so that the management could check how the staff were feeling. This had not raised any concerns individually although we were unable to see the completed analysis of the overall result.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice 12 month plan was looking at growth of the practice and maintaining the good level of service that was provided. Succession planning, although the two partners were relatively young they had identified that there was a need to look to the future in relation to all staff. The practice was a teaching practice and took students training to be a doctor on rotation. The practice were keen to develop the staff. For example the practice manager had started at the practice as a receptionist.

The partners were working with other practices in the area and were looking toward the future of working together to provide better services for their patients.