

Dr Jutta Meiwald- Binbrook 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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Dr Jutta Meiwald- Binbrook Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jutta Meiwald, Binbrook Surgery on 4 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was an extensive program of clinical audit aimed at improving patient safety and 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 readily available and easy to understand.
- There was continuity of care, with urgent appointments available the same day.
- 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 practice recognised the challenges posed by the requirement for increased access to services and had been proactive in working with commissioners and another provider to achieve this goal.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should ;

- Ensure that action taken to mitigate identified risks was clearly evidenced.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicines were well managed and appropriate processes were in place to protect patients and others from the risks from healthcare associated infection.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Clinicians referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher for all aspects of care than national averages. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice was pro-active in providing support for carers through a number of measures including customised appointment times, home visits where necessary and local carers support services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same

Good



Summary of findings

day. GP consultations were of 15 minute duration. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 governance meetings. There were systems in place to monitor and improve quality and identify risk, although we found that the actions taken to mitigate that risk was not clearly evidenced. The practice proactively sought feedback from staff and patients, which it acted on. There was a recently re-activated patient participation group.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice co-operated closely with its local residential care home and conducted 'ward round' type visits at the home once a month with additional consultations as required. All residents of the home had a personalised care plan written with input from the GP. The home was provided with the personal mobile number of the GP for use in the case of emergency.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Home visits were undertaken to those unable to attend the surgery by the advanced nurse practitioner and health care assistant for the management long term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Immunisation rates were relatively high 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. Appointments were available outside of school hours and the premises were suitable for children and babies. Comprehensive information and provision of all contraceptive methods was provided. The practice supported the national chlamydia screening programme.

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,

Good



Summary of findings

include on-line booking of appointments and repeat prescriptions 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 was willing to arrange GP consultations outside of normal hours for those who found it very difficult to attend during normal surgery times.

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 regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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. It had carried out annual health checks for people with a learning disability.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. 95% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months, compared to the national average of 84%.

One GP had developed special expertise in the management of gender dysphoria. Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results available showed the practice was performing in line with local and national averages. A total of 249 forms were distributed. There were 122 responses and a response rate of 49%.

- 77% of respondents said they found it easy to get through to this surgery by phone compared with a CCG average of 61% and national average of 73%.
- 92% said the last appointment they got was convenient compared with a CCG and national average of 92%.
- 75% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

- 91% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 72% and national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards and one letter which were all overwhelming positive about the standard of care received. They particularly commented on the kind and caring attitude of all staff and emphasised the quality and continuity of care provided by clinicians.

We spoke with the manager of a residential care home. All of the people who lived there were patients of the practice. They praised the continuity and quality of care, the respect and dignity extended to patients and the monthly 'ward round' visits to the home.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that action taken to mitigate identified risks was clearly evidenced.

Dr Jutta Meiwald- Binbrook 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, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Dr Jutta Meiwald- Binbrook Surgery

Dr Jutta Meiwald, Binbrook Surgery provides primary medical care for approximately 2,390 patients living in the rural area of Binbrook and neighbouring villages. It is located in the heart of the Lincolnshire Wolds some 28 miles from the City of Lincoln and 10 miles from Grimsby. Public transport provision is very poor.

The service is provided under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

The practice had a higher number of older people aged between 50 and 79 on the patient list than the national average. 24.6 % of patients were aged 65 or over compared to the national average of 16.7%. It has a lower than average number of younger people on the patient list. The average age of a person living in Binbrook is 54. The practice list is weighted to 2,916 using the Car-Hill formula to reflect patient demographics.

Care and treatment is provided by two female and one male GPs, a nurse practitioner, two practice nurses and a phlebotomist/healthcare assistant. They are supported by a team of dispensers, receptionists and administration staff.

It is a dispensing practice, and dispenses to 90% of its patients.

The surgery is open between 8am and 6.30pm Monday and Friday, and from 8am to 1pm on Tuesday, Wednesday and Thursday.

When the surgery is closed GP out-of hours services are provided by provided by Lincolnshire Community Health Services NHS Trust which can be contacted via NHS111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administration and reception staff. We spoke with a member of the patient participation group. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.
- Staff told us they would inform the practice manager of any incidents. We looked at the records of three significant events that had occurred since April 2015. We found them to have been well recorded with good evidence gathering and analysis. Any actions or learning was clearly defined and had been cascaded to relevant staff and GPs through meetings and this was reflected in the records of those meetings.
- Staff we spoke with were aware of the significant events policy and what a significant event was, although they had never needed to report one.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. The principal GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff we spoke with were aware of who the safeguarding lead was. Patients who were subject of safeguarding had it denoted on their patient record to highlight the fact to staff.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. Nurses and non-clinicians who acted as

chaperones were trained for the role and had received an enhanced disclosure and barring check (DBS). (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).

- There was a 'Whistleblowing' policy in place and staff we spoke with were aware of it. We noted that the policy contained contact numbers for external agencies to whom any concerns could be reported. We judged this to be particularly important as the principle GP and practice manager were related.
- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Health and safety risk assessments had been undertaken. However we noted that it was not always apparent what action the practice had taken to mitigate any identified risk.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and that regular risk assessments were made of treatment rooms in respect of infection control. There was an infection control policy in place which stated that an infection control audit should be undertaken annually and action taken to address any improvements identified as a result. We saw evidence that any actions identified as a result of the audit had been addressed.
- Arrangements for managing medicines were checked at the practice. Staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Dispensing staff were aware prescriptions should be signed before being dispensed and a procedure was in place to ensure this occurred.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary, and we saw records showing all members of staff involved in the dispensing process had received appropriate training and ongoing assessments of their competency.

Are services safe?

- Medicines were dispensed remotely for patients who did not live near the dispensary and this was appropriately managed. The practice also made reasonable adjustments for patients who struggled to manage their own medicines, for example providing monitored dosage systems.
- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at team and practice meetings, and learning shared to prevent recurrence. Dispensary staff responded appropriately to national patient safety alerts and we saw records of the action taken in response to these. There was a system in place for the management of high risk medicines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard; access to them was restricted and the keys held securely. Balance checks of controlled drugs had been carried out regularly and there were appropriate arrangements in place for their destruction.
- Expired and unwanted medicines were disposed of according to waste regulations, and there was a procedure in place to ensure dispensary stock was within expiry date. Staff told us about procedures for monitoring prescriptions that had not been collected.
- We checked medicines stored in the treatment rooms, doctors bag, and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There were adequate stocks of emergency medicines, and a procedure was in place to

ensure they were fit for use. Vaccines were administered by nurses and healthcare assistants using directions that had been produced in line with legal requirements and national guidance.

- Blank prescription forms were handled in accordance with national guidance and the practice kept them securely at all times. A policy was in place to track prescription forms through the surgery.
- Recruitment checks were carried out. We reviewed the files of GPs and members of staff and noted that appropriate recruitment checks had been undertaken prior to employment.
- All clinical staff had appropriate General Medical Council or Nursing and Midwifery Council registrations.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that the practice employed a number of part-time staff and learned how this flexibility helped in filling shifts and absences.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The practice had a defibrillator and oxygen for use in a medical emergency.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines for use in a medical emergency were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure, loss of telephony services or extreme weather conditions.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The guidance was available on the practice computer system and also discussed at meetings.

Management, monitoring and improving outcomes for people

- The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.
- Current results were 98.2% (552) of the total number of points (559) available, which was 3.4% higher than the CCG average and 4.7 higher than the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed; Performance for diabetes related indicators was significantly higher than the national average. For example The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was comparable to the national average of 78%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98% compared with the national average of 94%.
- 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 93% compared to the national average of 88%.
- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at five two-phase audits that had been completed including atrial fibrillation and the

prevalence of pneumococcal and influenza vaccinations in known coeliac disease patients. All were completed audits where identified improvements were implemented and monitored.

- The care of patients with long term conditions such as diabetes, cardiovascular problems, asthma, chronic kidney disease and chronic pulmonary obstructive disease was well managed by GPs and nurse practitioners that included home visits to housebound patients and 'one stop' annual reviews for long term conditions.
- A member of staff was responsible for identifying from the computer system those patients due a review. If they did not attend their appointment they contacted them to re-book or seek a reason why they did not wish to attend.

Effective staffing

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

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, coaching and clinical supervision. Nurses told us that GPs were always approachable for guidance and advice.
- We found that there was a thorough system of supervision and appraisal. Staff told us they received an annual appraisal of their performance and we looked at some records that showed this to be the case.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to training modules and in-house and external training resources.

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, SystemOne and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Are services effective?

(for example, treatment is effective)

- Incoming clinical mail and pathology results were all dealt with by a GP on the day of receipt.
 - Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.
 - The practice provided a wealth of health promotion and advice material both in paper format at the surgery and also on its website.
 - Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, and when they were referred, or after they are discharged from hospital.
 - Multi-disciplinary meetings took place and included GPs, community nurses and Macmillan nurses. Records of the meetings were entered directly onto the patient notes.
- Consent to care and treatment**
- Patients' consent to care and treatment was always sought 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. One GP had undertaken specialist training in the Mental Capacity Act and the Deprivation of Liberty Safeguards and we saw examples of how this knowledge had been put into practice.
 - When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
 - We saw examples of how patients consent for the fitting of intrauterine coils was recorded.
- Health promotion and prevention**
- Patients who may be in need of extra support were identified by the practice. These included, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
 - Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.
 - The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84% which was comparable to both the CCG and national average .
 - The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We noted that the rates for breast screening in the last 36 months, 80% which was higher than both the CCG and national average.
 - Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under 12 months old ranged from 92% to 96% and five year olds from 73% to 91%.
 - Flu vaccination rates for the over 65s were 76% which was comparable to the national average of 73%.
 - Flu vaccination rates for at risk groups was 57%. This was significantly higher than the national average of 44%.
 - Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
 - The practice website contained relevant and up to date health advice and details of how to access other services.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- The practice had a policy that surgery staff did not wear uniforms as it was deemed a barrier to building a rapport with patients.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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 space to discuss their needs.
- The patient CQC 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.
- One GP had developed special expertise in the management of gender dysphoria. Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.

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

- 100% said the GP was good at listening to them compared to the national average of 89%.
- 96% said the GP gave them enough time compared to the national average of 87%.

- 99% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.

Care planning and involvement in decisions about care and treatment

Patient feedback indicated that 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.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were significantly better than local and national averages. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room told patients how to access a number of support groups and organisations, including the Lincolnshire Carers and Young Carers Partnership.
- The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.
- GPs told us that they followed the Gold Standard Framework guidelines for palliative care and held palliative care meetings with nurses and other healthcare professionals. We viewed records of the meetings.

Are services caring?

- We saw that there was a written checklist for staff to follow in the event of bereavement. Staff and GPs told us that if families had suffered bereavement, their usual GP contacted them. A condolence card was sent to their next of kin.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Consultations with GPs were 15 minutes long, compared to the normal ten minutes. We were told that this gave better opportunity to fully meet patient needs and both patients and clinicians felt less rushed. There was no restriction on how many issues they might wish to discuss. There were longer appointments available for patients with a particular need.
- The practice was well equipped to meet the needs of patients and others with restricted mobility for example wheelchair users.
- The practice had a portable hearing loop available.
- Information on translation services was not displayed but reception staff we spoke with were aware that translation services information was easily available in a variety of languages should the need arise.
- The practice had thirteen elderly patients, many with dementia, who were living in a residential care home. A particular GP routinely visited the home on a monthly basis, accompanied by the health care assistant to meet the needs of this particular patient group and enhance continuity of care. We spoke in person with the manager of the home who enthused about the quality of care and treatment provided by the practice and emphasised the dignity and respect extended to patients. They also confirmed that in addition to the regular monthly 'ward rounds', GPs attended at other times as necessary. They also told us that they had been provided with the mobile telephone numbers of the GPs for use in an emergency.
- Home visits were undertaken to those unable to attend the surgery by the advanced nurse practitioner and health care assistant for the management long term conditions.

Access to the service

- The surgery was open 8am to 1pm and 2pm to 6.30pm Monday and Friday and from 8am to 1pm on Tuesday, Wednesday and Thursday.

- Reception staff and GPs told us that in addition appointments could be arranged outside of these times if there was a particular need. They gave an example of heavy goods vehicle drivers who had particular difficulty in making an appointment within the normal surgery hours.
- We saw that the next available pre-bookable GP appointment was four working days from our inspection and the next available pre-bookable practice nurse appointment was three working days hence.
- Patients were also able to access consultations throughsit and wait.
- The practice utilised SystmOnline that allowed patients to book appointments, order repeat prescriptions and view their medical record on-line and at a time convenient to the patient.
- In the out-of-hours period primary medical services were provided by Lincolnshire Community Health Services NHS Trust via the NHS 111 telephone system. The practice website clearly described the action they should take in the out-of-hours period.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded national averages. For example:

- 77% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 75% of patients described their experience of making an appointment as good compared to the national average of 73%.
- 87% of patients stated that the last time they wanted to see a GP or nurse they were able to get an appointment compared with the national average of 76%.
- 91% of patients said they would recommend the practice to someone new to the area compared to the national average of 76%.
- 64% of patients were satisfied with the practice's opening hours compared to the national average of 75%. Of the 41 CQC comments cards and one letter we received, none mentioned this as being an issue.

Listening and learning from concerns and complaints

- The practice had a system in place for handling complaints and concerns. Its complaints policy and

Are services responsive to people's needs?

(for example, to feedback?)

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.

- We saw that information was available to help patients understand the complaints system e.g. posters displayed and the practice information leaflet. Comprehensive complaints information was easily accessible on the practice website.

- We looked at the one complaint that had been received over a period of 12 months and found it had been satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complainant. It had not needed to be referred to the Parliamentary and Health Service Ombudsman.

Where lessons needed to be learned as result the matter had been discussed, for example at practice meetings.

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 staff displayed a clear intention to deliver high quality care and promote good outcomes for patients.
- The practice had a strategy which reflected the vision and values.
- Sustainability planning was evident. The principle GP and practice manager had recognised that the current model of operating the practice was un-sustainable if the standard of care was to be maintained at the current high levels. There was an understanding that the practice should extend the surgery's opening hours but that the current business model did not support that premise. To this end there had been, with support from the CCG, a move towards closer collaboration with a neighbouring practice, Caistor Health Centre. This had been undertaken with the aim of sharing some back office processes, benefitting from economies of scale and a flexible and increased workforce which it was hoped would lead to extended opening hours and improved access to services for patients.

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.
- A programme of audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, although implementing mitigating actions was not always evident.

Leadership, openness and transparency

- The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The practice prioritised safe, high quality and compassionate care.
- The principle GP and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.
- The practice encouraged a culture of openness and honesty.
- Staff told us and we saw evidence that monthly team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- We viewed the practice policy regarding staff grievance procedures and noted that signed copies were held in individual employment files. We saw that the practice had recognised the potential conflict that could arise as a result of the principle GP and the practice manager being married. To counter this the practice had instructed a firm of solicitors who could be contacted by staff in this eventuality and who would progress the matter on their behalf. Details of the solicitors were contained in the policy document retained by staff.
- 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.
- One GP was the chair of the East Lindsey Locality of East Lincolnshire CCG (LECCG) and was the chair of the local prescribing forum.

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.
- The patient participation group had recently been re-formed following a period of inactivity. We met with a member of the group who told us they had met once

Are services well-led?

Good 

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

and saw their role as helping the practice to maintain and improve GP services. They told us they were well supported by the practice and were keen to extend their active membership.