

South Axholme Practice

Quality Report

The Surgery
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Epworth
Doncaster
South Yorkshire
DN9 1EP

Tel: 01427 871380

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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	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection was on 18 August 2016 – the practice was rated good overall and requires improvement in well led)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at South Axholme Practice on 18 August 2016. The overall rating for the practice was good and requires

improvement in well led. The full comprehensive report for the August 2016 inspection can be found by selecting the ‘all reports’ link for South Axholme Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive carried out on 20 March 2018 to check whether the provider was now 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. This inspection looked at the five key questions of safe, effective, caring, responsive and well led.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Monitor that the practice's standard operating procedure for stock checks of medicines is followed.

The areas where the provider **should** make improvements are:

- Review the process for calibration of the thermometers used to monitor room temperatures.

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

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

South Axholme Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector. The team included a CQC Inspection Manager, a GP specialist adviser and a Pharmacist Specialist Advisor.

Background to South Axholme Practice

South Axholme Practice, The Surgery, 60-62 High Street Epworth Doncaster South Yorkshire DN9 1EP is located in a converted residential property in the village of Epworth, North Lincolnshire. Parking is available on the street and in public car parks close to the practice and there are accessible facilities. Consulting and treatment rooms are available on the ground and first floor. The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 14808, covering patients of all ages. There are branch sites at;

Pinfold Surgery, Station Road, Owston Ferry, DN9 1AW.

Belton Surgery, 32 High Street, Belton, DN9 1LR

Haxey Surgery, 30 Church Street, Haxey, DN9 2HY

Jubilee Surgery, School Lane, West Butterwick, DN17 3LB

The surgeries at Epworth, Owston Ferry, Belton and Haxey were visited during the inspection. The practice website can be found by following the link <https://www.southaxholmeppractice.nhs.uk/>

The provider is registered to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The proportion of the practice population in the 65 to 84 year age group is higher than the local CCG and England average and in the 85+ year age group is the similar to the local CCG and England average. The proportion of the practice population in the under 18 years age group is slightly lower than the local CCG and England average. The practice scored nine on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The practice has seven GP Partners and two salaried GPs, five male and four female, three work full time and six work part time. There are two GP registrars (a Doctor who is training to become a GP). There is one Clinical Pharmacist who works part time, two emergency care practitioners (ECPs), one nurse practitioner (NP) and four practice nurses. The ECPs and one of the practice nurses work full time and the remainder work part time, one is male and the rest are female. There are four health care assistants, all female and all work part time. There is a practice manager, an assistant practice manager and a team of administration, reception and secretarial staff.

South Axholme is a training practice for GP Registrars and Foundation year two Doctors (The Foundation Programme is a two-year generic training programme which forms the bridge between medical school and specialist/general practice training).

Epworth Surgery is open Monday to Friday 8am to 12.30pm and 1.30pm to 6.30pm; extended hours are available from

Detailed findings

6.30pm to 7pm Monday to Thursday. GP appointments are available between 8am to 12.30pm and 1.30pm to 6.45pm Monday to Thursday and 8am to 12.30pm and 1.30pm to 6.30pm on Friday.

Belton Surgery is open Monday to Friday 8.30am to 12.30pm. GP appointments are available between 8.30am and 12.30pm Monday to Friday.

Haxey Surgery is open Monday to Wednesday 8.30am to 12.30pm and 1.30pm to 5.30pm and 8.30am to 12.30pm Thursday and Friday. GP appointments are available between 8.30am and 12.30pm and 1.30pm to 5.30pm Monday to Wednesday and 8.30am to 12.30pm Thursday and Friday.

Owston Ferry Surgery is open Monday 8.30am to 12.30pm and 1.30pm to 6pm, GP appointments are available between 8.30am to 12.30pm and 1.30pm and 6pm. Tuesday to Friday the surgery is open from 8.30am to 12.30pm and GP appointments are available between these hours.

West Butterwick Surgery is open Monday, Wednesday and Friday 8.30am to 12pm and GP appointments are available between these hours.

When the practice is closed patients use the NHS 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area and on the practice website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance. The GP safeguarding lead attended the local GP Safeguarding Forum meetings.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines were available, however the practice risk assessment regarding which medicines to stock needed to be reviewed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. There was guidance available to support receptionists when taking calls from patients; however this had not been updated to reflect the most recent sepsis guidance.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe

Are services safe?

care and treatment. There was a documented approach to the management of test results and for the processing of letters and documents received from hospitals.

- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However the practice needed to review the process for calibration of the thermometers used to monitor the room temperatures where medicines were stored.
- The practice had carried out an appropriate risk assessment to identify medicines that it should stock. Processes were in place to monitor the use of prescription stationary. However the practice needed to review the storage of blank prescriptions in consulting rooms.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The percentage of antibiotic items prescribed by the practice that were Co-Amoxiclav, Cephalosporins or Quinolones was 13%. This was comparable to the local CCG percentage of 10% and England average of 9%.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The clinical pharmacist and dispensers managed medicines queries from patients and healthcare professionals ensuring safe, effective and rational use of medicines with reduction of unnecessary poly-pharmacy (multiple medicines) and appropriate prescribing. The pharmacist was involved in the development and oversight of systems and processes within the practice to optimise the quality and safety of prescribing.
- Arrangements for dispensing medicines at the practice kept patients safe.
- Access to the dispensary was restricted to authorised staff only.
- There was a named GP responsible for the dispensary.
- Written procedures were in place and reviewed regularly to ensure safe practice.
- Prescriptions were signed before medicines were dispensed and handed out to patients.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example; following an incident when a discharge letter was scanned into to wrong patients' record the practice reviewed its procedure. Dedicated staff were now responsible for scanning letters and this was done in a quiet area of the practice to minimise the risk of recurrence.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and on-going needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice had appointed a Care Coordinator who arranged the reviews for patients identified as living with frailty. They liaised with clinicians to arrange any other clinically relevant intervention. In addition where the patient did not already have a Summary Care Record (SCR) they promoted this and sought informed consent for the Practice to activate an 'enhanced SCR'. A SCR was a document that could be shared with other health and care providers.
- A handbook for patients over 75 was being produced and over-75 health checks were offered in the practice surgeries and in the Community Wellbeing Hub in Epworth. If necessary patients were referred to other services such as voluntary services, and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions (LTC) had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for 2016/2017 for children up to aged two for the four vaccines given were above the target percentage of 90% for one vaccine and slightly below for the remaining three, being 88% for one and 87% for two of the vaccines. We discussed this with the practice and saw evidence that the practice was now achieving the 90% target for immunisations given to children aged two.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments for immunisations or following an appointment in secondary care.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 82%, which was slightly above the 80% coverage target for the national screening programme. The practice sent reminder letters to patients who did not attend for screening and telephoned them if necessary.
- The practices' uptake for breast and bowel cancer screening was above the local CCG and England average.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- There was a lead GP and nurse for patients with learning disabilities.
- The practice provided the Learning Disability (LD) enhanced service. Annual face to face health checks were carried out either in the surgery or at the patient's residence. In the past 12 months all the 24 patients on the LD register had been invited for a health check and 23 had attended.
- The practice used easy read materials to support this group of patients to make informed decisions, for example, the easy read leaflet for cervical smears.

People experiencing poor mental health (including people with dementia):

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the local CCG average of 83% and England average of 84%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local CCG average of 92% and England average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 75% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the local CCG average of 92% and England average of 91%.

We discussed with the practice the areas where they were performing below the local CCG or England average. We found this was due to how information was being recorded in patient records or low numbers of patients identified with particular conditions.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, an audit had been completed to check that guidance for the treatment of patients that had had their spleen removed was been followed. The first audit showed that the practice was not meeting the required target in any of the eight standards. Actions were implemented and on re-audit the practice was meeting the target in six of the standards and actions were still being implemented to address the outstanding issues.

Where appropriate, clinicians took part in local and national improvement initiatives. For example; they were planning to work with the Yorkshire and Humber Academic Science Network to look at the care of patients who had atrial fibrillation (a heart condition) and a stroke prevention programme.

The most recent published Quality and Outcomes Framework (QOF) results for 2016/2017 showed the practice achieved 96% of the total number of points available compared to the local CCG average of 97% and national average of 96%. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had 6% exception reporting, this was below the local CCG average of 9% and England average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical and peer

Are services effective?

(for example, treatment is effective)

supervision and support for revalidation. We found that appraisals were overdue for eight of the 56 staff. The practice manager was aware of this and there was a plan in place to ensure appraisals were completed for all staff. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by review of their prescribing and regular discussion of clinical decision making. However we saw no evidence of formal audit of their clinical decision making.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff had completed mandatory training such as fire safety, safeguarding and basic life support.
- We received positive feedback from staff about the support, opportunities and time they were given to train and develop. For example; one staff member told us they had been supported to complete their NVQ level 3 training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The practice had support from an external company who provided advice and support with human resource issues.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and flu vaccinations..

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Two patients commented that appointments did not always run to time and they were not told if clinics were running late. This was in line with the results of other feedback received by the practice.

For the National GP patient survey published in July 2017, 223 survey forms were distributed for the practice and 119 forms were returned, a response rate of 53%. This represented approximately 1% of the practice population. Results from the survey showed patients felt they were treated with compassion, dignity and respect. The practice results were comparable to the local CCG and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the last GP they saw was good at listening to them: local CCG average was 88% and national average 89%.
- 96% said they had confidence and trust in the last GP they saw or spoke to: local CCG average was 96% and national average 95%.
- 87% said the last GP they saw or spoke to was good at treating them with care and concern: local CCG average was 85% and national average 85%.
- 93% said the last nurse they saw or spoke to was good at listening to them: local CCG average was 92% and national average 91%.

- 91% said the last nurse they saw or spoke to was good at treating them with care and concern: local CCG average was 91% and national average 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). Information on the Accessible Information Standard was available on the practice website, including the NHS England Accessible information Guide.

- Interpretation services were available for patients who did not have English as a first language. The practice website had the facility to translate information into other languages. 99% of the practice population were of white ethnicity.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Carer identification forms were displayed in the waiting area and the self-check in screen asked patients if they were a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 844 patients as carers (5% of the practice list). The number of carers on the register had increased by 3% in the previous 12 months.

- Carers were offered health checks with the practice nurse and flu vaccinations. They had all been invited for a health check and 575 of the 844 had attended.
- Staff were aware of the carer support available via the local council and support groups. Patients were referred for carers' assessments with their consent.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a letter. This was 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.

Are services caring?

- Information on local and national bereavement support was available in the waiting area.
- Patients had access to a Chaplaincy service and information on how to access this was available on the practice website

Results from the national GP patient survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local CCG and national averages:

- 83% said the last GP they saw or spoke to was good at explaining tests and treatments: local CCG average was 86% and national average 86%.
- 87% said the last GP they saw or spoke to was good at involving them in decisions about their care: local CCG average was 81% and national average 82%.
- 89% said the last nurse they saw or spoke to was good at explaining tests and treatments: local CCG average was 90% and national average 90%.
- 87% said the last nurse they saw or spoke to was good at involving them in decisions about their care: local CCG average was 88% and national average 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Conversations with receptionists could be overheard by patients in the waiting room; however no personal or confidential information was discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example telephone consultations, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a hearing loop was available for patients with hearing impairments and we observed staff calling patients for their appointments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The Practice was involved in the NHS Chaplaincy programme and their first Chaplain had just been allocated to the practice. Chaplaincy services would be provided to patients, their families and carers. They could either access the services at the Practice by self-referral or by referral from a member of the Practice Clinical team. Modern healthcare Chaplaincy was a service and profession working within industry and the NHS that was focussed on ensuring that all people, be they religious or not, had the opportunity to access pastoral, spiritual or religious support when they needed it. The practice through offering this service was aiming to develop an environment which enabled the spiritual, pastoral and/or religious needs of their patients, carers and families to be met.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs, nurse practitioners and practice nurses also accommodated home visits for those who had difficulties getting to the practice.
- The Practice had appointed a Clinical Pharmacist which was totally funded at practice expense without financial support from NHS England or the CCG. They were an independent prescriber and supported the practice clinicians with screening, diagnosis, initiation of treatment and follow up appointments for this group of patients. They were also involved in their monitoring and identifying any early deterioration.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The clinical pharmacist supported the practice clinicians with treatment and follow up of patients with long term conditions. They were also involved in their monitoring and identifying any early deterioration. They also undertook medication reconciliation and patient contacts after hospital discharge.
- The practice communicated regularly with the local district nursing team, community physiotherapists and occupational therapists, stroke team, heart failure nurses, pulmonary rehabilitation team and the falls service to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child or small infant were offered a same day appointment when necessary.

Are services responsive to people's needs?

(for example, to feedback?)

- Post natal checks were offered where appropriate and joint appointments were offered for eight week baby checks with the GP and Practice Nurse.
- The Practice regularly liaised with the Health visitors both at the Primary Health Care team meetings and on a case to case basis if issues arose and they had a good working relationship with the school nursing service.
- The Practice offered a full range of contraceptive, pre-conceptual, maternity and child health services. Some Doctors and Nurses held additional qualifications in Sexual and Reproductive Health. One of the GPs was a Fellow of the Faculty of Sexual and Reproductive Health (FSRH), and a FSRH registered trainer.
- Sexual health advice was freely available.
- The Practice had appointed a new GP partner who had experience in paediatric care.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online appointment booking and prescription ordering.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Extended hours were available until 7pm Monday to Thursday at the Epworth Surgery.
- There was a text messaging service for confirmation of appointments and for reminding patients of appointments. Appointments could also be cancelled using the text messaging service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice used easy read materials and longer appointments were available which helped to empower the patients and their carers.
- The Practice Safeguarding lead attended the quarterly North Lincolnshire GP Safeguarding Leads Forum.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was continuity of care with named GPs.
- The practice worked closely with the local mental health teams and supported patients to access services, including psychological therapies and online cognitive behaviour therapy.
- All staff groups had completed Dementia Friend training to equip colleagues with the necessary skills to support patients and their friends and carers. The Patient Participation Group had also held a Dementia Awareness training session in January 2018 for themselves and other patients and carers who wished to attend.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. During the inclement weather in February all staff had managed to get to work and all five practice sites had remained open.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- GP led Urgent Care Surgeries (sit and wait) were held every session at all sites.
- We received 23 patient Care Quality Commission comment cards during the inspection, patients were positive about how they could access services and appointments.

For the National GP patient survey published in July 2017, 223 survey forms were distributed for the practice and 119 forms were returned, a response rate of 53%. This represented approximately 1% of the practice population.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the patient survey showed that patients' satisfaction with how they could access care and treatment was above or comparable to the local CCG and national averages. For example:

- 77% of patients who responded were satisfied with the practice's opening hours: local CCG average was 79% and national average 80%.
- 87% of patients who responded said generally they could get through easily to the practice by phone: local CCG average was 67% and national average 71%.
- 84% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried: local CCG average was 75% and national average 75%.
- 77% of patients who responded described their experience of making an appointment as good: local CCG average was 74% and national average was 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed one complaint and found this was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted on findings to improve the quality of care. For example; a patients' medication was dispensed for collection at an incorrect site. Following this the automated telephone message for ordering repeat medication was changed to make it clearer how patients could indicate their preferred collection site.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 18 August 2016, we rated the practice as requires improvement for being well-led. Issues identified were:

The arrangements for governance did not always operate effectively. For example, we found some processes and procedures were not always followed.

What we found at this inspection in March 2018. We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plan to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, when a patient raised an issue with a referral request the practice reviewed what had happened, apologised and resolved it to the patient's satisfaction. The provider was aware of and had systems 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).
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was a staff suggestion box so they could make suggestions regarding ideas for change.
- The practice had introduced a reward scheme so staff who did not have any 'ad hoc' sick leave in a 12 month period would be given extra annual leave. This had reduced the high levels of 'ad hoc' sickness in the practice. They were also looking at introducing an 'employee of the month' award in the near future.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff had received annual appraisals in the last year; however appraisals were overdue for eight of the 56 staff. The practice manager was aware of this and there was a plan in place to ensure appraisals were completed for all staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Good 

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

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had completed equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Feedback from staff told us they were well supported by the GPs and practice manager.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Not all clinical audits had clear documented action plans outlining who was responsible and timescales for completion.

- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Rooms were locked restricting unauthorised entry.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We found that feedback from the Patient Participation Group (PPG) was acted on.

Are services well-led?

Good 

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

- There was an active patient participation group. Members of the PPG supported the practice with National Health Campaigns every year, for example flu vaccinations, giving out leaflets etc. The PPG had recently been involved in arranging an event on Diabetes for practice patients. This included a talk by a representative from Diabetes UK followed by an opportunity for patients to ask them and GPs and a practice nurse questions about their diabetes. 76 patients attended the event which also resulted in a new PPG member being recruited.
- Dementia Awareness training was also rolled out to the Patient Participation Group (PPG) who staged a successful meeting for the training in January 2018 for themselves and other patients and carers who wished to attend.
- The service was transparent, collaborative and open with stakeholders about performance.
- GPs in the practice took an active role in external leadership. For example; one GP was the Medical Director of Lincolnshire Rural Support Network, one GP

was a member of the CCG Committee of Members Group, one GP was on the Board of the local GP Practice Federation and one GP was a Director of Humberside Local Medical Committee.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was in discussion with NHS England regarding the development of premises. This was to enable the practice to have improved facilities to provide timely care and treatment in the most appropriate setting, in line with the primary care Five Year Forward Plan.