

The Glebe Practice

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	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to The Glebe Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Glebe Practice on 30 June 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for The Glebe Practice on our website at www.cqc.org.uk.

This inspection was undertaken to review the progress made and was an announced comprehensive inspection on 10 January 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for carers was available and the practice were reviewing the way carers were identified on the patient administrative system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

In addition the provider should:

- Continue to identify, record and support carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written apology. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were carried out and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for carers was available and the practice were reviewing the way carers were identified on the patient administrative system.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment and 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice sought feedback from staff and patients, which it acted on.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered a free home medication delivery service twice a week to older people who were unable to access the practice easily.
- Outreach clinics in surrounding villages during the flu season were provided.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Patients at risk of hospital admission were identified as a priority and unplanned admissions were discussed regularly.
- Performance for diabetes related indicators was comparable to CCG and national averages. (96% compared to 92% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to national averages for all standard childhood immunisations.

Summary of findings

- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, including baby changing facilities.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Health promotion boards displayed information relevant to this group in the patient waiting areas.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, including the ability to book appointments and request repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- Performance for mental health related indicators comparable to CCG and national averages. (100% compared with 92% CCG average and 93% national average).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 215 survey forms were distributed and 116 were returned. This represented 1.4% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 46 comment cards which were all positive about the standard of care received. Comments included all staff were helpful and friendly, patients felt listened to and supported and patients felt particularly supported and had praise for one specific GP.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should:

- Continue to identify, record and support carers.

The Glebe Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Glebe Practice

The Glebe Practice provides primary medical services to a population of around 8169 registered patients in Saxilby, Lincoln and the surrounding area. The practice has a dispensary which dispenses medicines to patients registered with the practice.

At the time of our inspection the practice employed two GP partners (one male and one female) and two salaried GPs (two female), a practice manager, an administration manager, a dispensary manager, three practice nurses, two health care assistants, four dispensers, a driver and a team of reception and administration staff. The practice also employ a part-time pharmacist on a locum basis to assist with medication reviews.

The practice has a General Medical Services (GMS) contract. The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is The Glebe Practice, 85, Sykes Lane, Saxilby, Lincoln, LN1 2NU. They have a branch location at Skellingthorpe Health Centre, 32 Lincoln Road, Skellingthorpe, Lincoln LN6 5UU.

The main surgery is open from 8am to 6.30pm Monday to Friday and the branch surgery from 8am to 1pm Monday to Friday and 2pm to 6pm from Monday to Wednesday. Phone lines opened at 8am for appointments. Appointments are available from 8.40am to 5pm at the main surgery and emergency appointments are available between 5pm and 6.30pm. Appointments at the branch surgery are from 9am to 5pm on Mondays to Wednesdays and from 9am to 11.30am on Thursday and Friday. Pre-bookable appointments as well as on the day appointments were available and could be booked online, over the phone or in person at the practice. The branch surgery closed for an hour at lunchtime during which time phone lines were diverted to the main surgery. The practice does not offer extended opening hours.

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

commissioning responsibilities for local health services. NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for 230,000 people registered with 37 GP member practices covering 420 square miles across Lincoln, Gainsborough and surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

Detailed findings

The practice is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).

Why we carried out this inspection

We undertook a comprehensive inspection of The Glebe Practice on 30 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for well led services, overall it was rated as requires improvement.

We undertook a follow up inspection on 10 January 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for The Glebe Practice on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff, including GPs, nursing staff, practice manager, dispensary manager, dispensary staff and administrative and reception staff.
- Spoke with patients who used the service.
- Spoke with a manager for a local care home.

- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 30 June 2015, we rated the practice as inadequate for providing safe services.

Not all staff were clear about the process for reporting incidents, near misses and complaints. Although the practice reviewed when things went wrong, investigations were not thorough enough and lessons learned were not communicated. Risks to patients were not always assessed, reviewed or well managed, such as risk assessments relating to the control of substances hazardous to health (COSHH). Not all clinical staff had current safeguarding training at the appropriate level.

These arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed them at clinical meetings. A separate significant event meeting was also held on a quarterly basis, where a range of staff from the practice attended to discuss the event and the lessons learnt.

Staff confirmed that safety alerts were distributed to all staff, who were then required to read and sign the paper

record. Staff were aware of recent alerts and what actions were taken as a result. Systems were in place to deal with any medicines alerts or recalls, and records kept of any actions taken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. Policies were accessible to all staff which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Individual hand hygiene competency assessments were also completed for all staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. A part-time pharmacist was employed by the

Are services safe?

practice on a locum basis to assist with medication reviews. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found appropriate recruitment checks were carried out on locum staff; however the practice did not check they had current safeguarding and basic life support training.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice

carried out regular health and safety checks of the premises to identify potential hazards and carried out actions as appropriate. The practice had up to date fire risk assessments and carried out regular fire drills and regular checks on fire equipment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. We raised on the day that the emergency medicines were not securely stored, the practice confirmed the following day that the room was now locked at all times and provided evidence to show this. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was available at both sites and the practice manager also kept a copy at home to ensure it was accessible at all times.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 30 June 2015, we rated the practice as good for providing effective services.

When we undertook a follow up inspection on 10 January 2017, we found the provider had sustained the work we initially saw and the provider is rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. All computers had a direct link to the NICE website for ease of access.
- New and amended NICE guidance was discussed at clinical meetings, which was attended by GPs and nurses.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% of the total number of points available.

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

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

The practice had a policy in place to provide guidance on when patients should be recalled to have relevant tests in relation to QOF clinical indicators. QOF was reviewed on a monthly basis with diary dates within the patient administrative system to ensure patients were contacted in a timely manner.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, one was a completed audit cycle and three of which had dates planned for a follow up audit to be carried out to monitor the actions taken to ensure recommendations had been implemented.
- Findings were used by the practice to improve services and patient care. For example, processes were reviewed and altered to ensure patients with a diagnosis of atrial fibrillation were reviewed in accordance with best practice guidance to ensure they received appropriate treatment.
- Staff had completed a number of dispensary audits including one looking at items not collected and one looking at the controlled drug process. Subsequent re-audits demonstrated improvement and also that standard procedures were adhered to.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety, information governance and information technology protocols.
- An induction pack was also in place for locum doctors and new GPs, which included useful information regarding the practice, where to direct referrals and information on two-week wait referrals.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Staff told us they were supported to attend additional courses to develop their roles. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff training was monitored by the practice manager to ensure all staff kept up-to-date with training. This included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Administrative staff reviewed two-week wait referrals and urgent chest clinic referrals to make sure patients received an appointment.
- The practice had a comprehensive system in place for all incoming mail to ensure it was reviewed by a clinician in a timely manner and action was taken, as appropriate.
- The practice worked with local residential and nursing homes where patients resided to ensure annual reviews were carried out, as well as visits as required and care and treatment was altered to meet the individuals' needs.
- The practice reviewed all unplanned admissions and palliative care patients every month at clinical meetings. Patients were reviewed to ensure they were receiving the correct care and treatment and altered accordingly.

- All patients discharged from hospital were reviewed by the named GP to see if any action was required and if care plans were in place, these were updated accordingly.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included discussions of patients receiving palliative care and all patients who had an unplanned admission within the previous month.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet.
- The practice also offered advice and referred patients to support groups in relation to smoking and alcohol cessation.
- GPs and nursing staff also took the opportunity during appointments to discuss general health and to promote healthy lifestyles.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 84% and the national average of 81%. There were failsafe

Are services effective?

(for example, treatment is effective)

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 85% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 30 June 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 10 January 2017, we found the provider had sustained the work we initially saw and the provider is rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and friendly. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 97%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in their care and that doctors took time to explain their care and treatment to them. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. This included Quit51, MacMillan cancer support and Age UK befriending service.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (0.3% of the practice list). The practice were aware of coding issues and were reviewing all patients to ensure they had been coded and identified accordingly as a carer. Written information was available to direct carers to the

various avenues of support available to them. This included information in patient waiting areas and an example of a carers assessment form available at the local County Council.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Bereavement guides were also available in the patient waiting areas and patients told us they had been supported and received excellent service when they had experienced a bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 30 June 2015, we rated the practice as good for providing responsive services.

When we undertook a follow up inspection on 10 January 2017, we found the provider had sustained the work we initially saw and the provider is rated as good for providing responsive services.

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, baby changing facilities, a hearing loop and translation services available.
- The practice registered patients from travelling communities to ensure they received care and treatment when required.
- Online services were available to patients, including to book appointments and request repeat prescriptions.
- The practice offered a free home medication delivery service twice a week to older people who were unable to access the practice easily.
- Outreach clinics in surrounding villages during the flu season were provided.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday at Saxilby and 8am to 1pm Monday to Friday and 2pm to 6pm Monday to Wednesday at Skellingthorpe. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice did not offer a formal telephone consultation service, however if a patient requested a call back, this was facilitated.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

Eleven of the comment cards completed said that it was difficult to book an appointment at times, particularly when trying to ring at 8am. However, people told us on the day of the inspection that they were able to get appointments when they needed them, including same day appointments. The practice recognised through patient surveys that patients found it difficult to get an appointment and had recruited two salaried GPs to alleviate some of these pressures. The practice was hopeful that this would be reflected in the survey results for 2017.

We reviewed the appointment system on the day and noted the next GP and nurse appointments were available within two working days and the next available appointment for a blood test was within one working day.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Staff were aware of the complaints policy and how to support patients to ensure they were able to raise a concern or complaint if they wished.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a complaints poster in the waiting area as well as information on the practice website.

We looked at six complaints received in the last 12 months and found these were responded to in a timely way and an apology was given, where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 30 June 2015, we rated the practice as requires improvement for providing well-led services as the practice had identified a number of areas where improvement was required. Although an action plan was in place, the practice had not had time to implement and embed the new processes and systems.

These arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

The practice had a strategy and supporting business plans in place which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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.
- Continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The practice held regular team meetings, including meetings for the partners, reception and administrative staff and for the dispensary team. Clinical meetings were also held to discuss NICE guidance and significant events. Staff told us they could access the minutes of meetings on the shared drive, if they were unable to attend the meeting.
- Staff told us there was an open door policy within the practice and they were able to make suggestions for change, as well as input into agenda items for team meetings.
- Staff said they felt listened to by the partners in the practice, as well as the practice manager and felt they worked well as a team.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through a virtual patient participation group (PPG) and through surveys and complaints received. The practice had regular contact with the virtual group and asked for comments around issues within the practice. The group was also regularly advertised within the practice newsletter.
- The practice carried out internal patient surveys. As a result of one survey, the practice ran a campaign to explain their appointment system in more detail and introduced a letter to send to patients who did not attend for their appointment. As a result of a generic practice survey in September 2016, the practice also planned to carry out a further internal survey looking specifically into telephone issues which patients had raised.

Are services well-led?

Good 

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

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management.