

# Swingbridge Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Swingbridge Surgery on 20 April 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events. Significant events, incidents and safety alerts were discussed at practice meetings and lessons learnt were shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. On review of the patient record system, we found three patients who were identified as a child in need however exceeded the age of 18.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- New guidelines were discussed at practice meetings and protocols and pathways were reviewed as appropriate. However, it was noted that minutes did not include who was responsible for completing actions and by when.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff.
- The practice had a training plan in place for all staff to ensure mandatory training was completed.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients said they were treated with care and respect and they had time within their appointments to consider options and decisions about their care and treatment.
- We saw staff treated patients with kindness and maintained patient and information confidentiality.

# Summary of findings

- The practice had changed their appointment system in response to patient feedback regarding access to routine appointments.
- Patients said they sometimes found it difficult to make an appointment with a named GP, but were aware urgent appointments were available on the same day.
- The practice had a clear vision to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty.

The areas where the provider should make improvement are:

- Safeguarding registers should be reviewed to ensure they are accurate and do not include persons that should no longer be on them.
- Meetings should identify who is responsible for actions and the timescale for completion.

**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.
- Significant events, incidents and safety alerts were discussed at practice meetings and lessons learnt were shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. On review of the patient record system, we found three patients who were identified as a child in need however exceeded the age of 18.
- The practice was visibly clean and had well embedded infection prevention and control procedures in place.
- Risks to patients were assessed and well managed.
- A comprehensive business continuity plan was in place and all staff were aware of it.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- New guidelines were discussed at practice meetings and protocols and pathways were reviewed as appropriate. However, it was noted that minutes did not include who was responsible for completing actions and by when.
- Clinical audits demonstrated quality improvement in patient services.
- 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.
- The practice had a training plan in place for all staff to ensure mandatory training was completed.
- 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



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with care and respect and they had time within their appointments to consider options and decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- The practice had changed their appointment system in response to patient feedback regarding access to routine appointments.
- Patients said they sometimes found it difficult to make an appointment with a named GP, but were aware urgent appointments were available on 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. Evidence showed the practice investigated and responded quickly to issues raised.

## Are services well-led?

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

Good



- The practice had a clear vision to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The patient participation group was active and encouraged health promotion for all patients.

# 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. This included personalised care plans.
- The practice was responsive to the needs of older people; home visits, longer appointments and urgent appointments for those with enhanced needs.
- Annual reviews, including medicine reviews, were completed by the GP for those patients residing in a residential or nursing home.
- The practice took part in campaigns for flu, shingles and pneumonia, and offered house visits for the delivery of flu vaccinations for housebound patients.

### People with long term conditions

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

Good



- A long term conditions nurse / care coordinator was employed to lead on chronic disease management. Diabetic reviews included referrals on to other services, as appropriate.
- The practice held INR clinics to aid in the delivery of warfarin management plans.
- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 77% of those diagnosed with diabetes had their blood sugar levels monitored in the previous 12 months compared to 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice employed a GP with a specialist interest in family planning.
- Post natal checks were co-ordinated to be carried out at the same time as mother and baby attended for the first immunisation.

## **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. This included same day emergency triage and GP telephone consultations.
- The practice was proactive in offering online services, such as requesting repeat prescriptions and to book an appointment.
- A full range of health promotion and screening was offered that reflected the needs for this age group. The practice also signposted patients to the citizens advice bureau, when appropriate.
- A nurse led travel vaccination clinic was provided at the practice.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had worked with the local council to ensure all patients with a learning disability had been identified.

**Good**





# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice had a GP safeguarding lead and all staff were trained in safeguarding children and vulnerable adults.
- A flexible appointment system was in place for vulnerable patients to reduce distress if attending the practice.
- 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 90% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- The practice had reviewed their records and worked with the clinical commissioning group to ensure all patients with a diagnosis of dementia had been identified.
- 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 dementia screening and where relevant referred patients to secondary care.
- The practice worked in conjunction with the community mental health team and psychiatrist where it was relevant and mental health care plans were in place.
- Newly diagnosed patients with a mental illness were seen at least fortnightly to monitor the effectiveness of their therapy.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 280 survey forms were distributed and 107 were returned. This represented 2% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 74% 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 30 comment cards, 25 were positive, four contained both positive and negative comments and one was negative. Comments from patients included staff were very helpful and they felt at ease. The negative comments referred to the ability to get an appointment with a named GP.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Safeguarding registers should be reviewed to ensure they are accurate and do not include persons that should no longer be on them.
- Meetings should identify who is responsible for actions and the timescale for completion.

# Swingbridge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Swingbridge Surgery

Swingbridge Surgery is a GP practice, which provides primary medical services to approximately 6,248 patients in Grantham. The practice is a well maintained, modern and purpose-built building. The practice provides disabled access and parking. South West Lincolnshire Clinical Commissioning Group (SWLCCG) commission the practice's services.

The practice has a senior GP (female) and two salaried GPs (female). The nursing team consists of a long term conditions nurse / care coordinator, two nurse practitioners, two practice nurses and a healthcare support worker. They are supported by a Practice Manager and a team of reception and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 3pm to 5.30pm daily. Pre-bookable appointments are available, as well as telephone consultations and on the day emergency appointments.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

The practice provided a minor surgery service, however was not registered for the regulated activities surgical procedures. The practice was advised to ensure the appropriate applications were submitted.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We held limited information about the practice, therefore requested some data from the practice.

We carried out an announced visit on 20 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, the practice manager and members of the administration and reception team.
- Spoke with patients who used the service and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording 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 support, an explanation, a written or verbal 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 completed an annual review of all significant events for the previous year.
- Significant event meetings were held every two months. Each incident was discussed in detail as well as the learning and action taken as a result to improve safety in the practice.

Safety alerts, including from the Medicines and Healthcare Regulatory Agency (MHRA) were distributed to the lead GP and Practice Manager. All clinical staff were made aware of the alerts using tasks on the patient record system and had to sign to confirm they had read the alert.

### 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:

- Staff could access safeguarding children and vulnerable adults from abuse policies, which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead staff member for safeguarding. The practice identified children with safeguarding issues on the patient record system and had a multidisciplinary approach to safeguarding, involving local school nurses and

safeguarding nurse. Meetings were held on a bi-monthly basis, which also included a health visitor and midwife. On review of the patient record system, we found three patients who were identified as a child in need however exceeded the age of 18. The practice were aware the system required reviewing. Staff demonstrated they understood their responsibilities. All staff members had received training on safeguarding children and vulnerable adults relevant to their role. Practice nurses and GPs were trained to child protection or child safeguarding level 3. Level 3 training is required for clinical staff who may have the potential to assess, plan, intervene and evaluate the needs of a child or young person and parenting capacity where there are safeguarding or child protection concerns.

- 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). Patient records recorded the presence of a chaperone and the chaperone also had to confirm in the patient record their presence.
- 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. This included study days and attendance at quarterly meetings. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleaning schedules were in place and identified the responsibility for aspects of cleaning, for example clinicians were responsible for cleaning their own medical equipment after use.
- 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

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored in consultation rooms and there were systems in place to monitor their use. However, an external cleaning company had access to all rooms when the practice was closed and the practice had not carried out a risk assessment in relation to access to prescription forms. A system was in place to follow up patients who had not collected repeat prescriptions on a monthly basis. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice had introduced a signatory check for the collection of prescriptions for controlled drugs (medicines that require extra checks and special storage because of their potential misuse). Additional authorisation was required for a nominated person to collect the prescription on the patients behalf.
- We reviewed four personnel files and found appropriate recruitment checks had been carried out 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office and an up to date health and safety risk assessment. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The administration team and nursing team covered for each others planned and unplanned leave.
- The practice used regular locum GPs to ensure they were familiar with the practice and provided some consistency of care to patients. We found appropriate recruitment checks had been carried out before employment.

### 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. In addition, panic alarm buttons were located under each desk.
- 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 in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was accessible to all staff. The practice manager and senior GP also held copies of the business continuity plan off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Nursing staff showed us how care and treatment was planned in line with best practice, including NICE guidelines for respiratory illnesses and local pathways for the treatment of asthma and chronic obstructive pulmonary disease (COPD).
- New guidelines were discussed at practice meetings and protocols and pathways were reviewed as appropriate. However, it was noted that minutes did not include who was responsible for completing actions and by when.
- 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 92% of the total number of points available.

This practice was an outlier for some of the QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 77% of those diagnosed with diabetes had their blood sugar levels monitored in the previous 12 months compared to the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 90% of those with a diagnosis of schizophrenia, bipolar

affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 87% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

- Performance for those patients on the dementia register and had a blood test recorded was significantly lower compared to the CCG and national averages (12.5% compared to 77% and 74%). The practice was aware of the low performance and had identified a high turnover in patients who resided in nursing and care homes.
- Performance for asthmatic patients having a review in the last 12 months was also lower compared to the CCG and national averages (50% compared to 74% and 70%). This was due to staff sickness and the practice had improved the rate for 2015/16 to 73%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Audits included methotrexate monitoring (methotrexate is a high risk medicine which requires additional monitoring) and the review of clopidogrel and proton pump inhibitors (PPI) and the appropriateness of prescribing PPI.
- The practice participated in local audits including an audit on the management of leg ulcers, 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 the procedure for reporting hazards, near misses and significant events, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions including diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of



# Are services effective?

## (for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and external training.

- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Training was organised by Lincolnshire Community Health Services NHS Trust. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Nursing staff told us supervision support meetings every six to eight weeks were planned, but had not yet started. This included ongoing peer support, one-to-one meetings and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: equality and diversity, safeguarding, fire safety awareness, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Most training was organised through Lincolnshire Community Health Services NHS Trust.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and liaising with out of hours services. This included referring patients through the choose and book system to maintain an audit trail.
- All incoming mail was scanned into the patient record system and directed to the appropriate clinician.

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 when care plans were routinely reviewed and updated for patients with complex needs. This included patients receiving end of life care and patients with unplanned admissions to hospital following their discharge.

### 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.
- Clinical staff and some administration staff had received training in the Mental Capacity Act 2005 and the practice planned for additional training to be carried out.
- 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.
- Recorded consent for joint injections and minor surgery was scanned into the patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, exercise, smoking and alcohol cessation.
- A nurse led weight management clinic was held at the practice.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 74%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and publicised information in the patients' waiting area. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given between January 2016 and March 2016 ranged from 94% to 100% for vaccinations given to under two year olds. Childhood immunisation rates for the vaccinations given five year olds from 85% to 100%. The practice carried out an audit on all immunisations to identify gaps where patients had not attended. This resulted in a change to ensure mothers and babies attended for a postnatal check when the baby was due their first immunisation.

A member of the administration team was responsible for following up patients who did not attend for specific appointments, for example cervical screening test and immunisations.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed staff members speaking to patients in a caring and respectful manner and showed a cheerful attitude.

- 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.

Twenty-nine of the Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were polite and helpful.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and were treated with respect and in a professional manner.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt a part of the decision making process about the care and treatment they received and were able to ask the GP questions. Patient feedback from the comment cards told us they felt listened to and were not rushed during appointments. We also saw that care plans were personalised.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- 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.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (1% of the practice list). The practice informed us they identified carers on an ad hoc basis; however, a care co-ordinator had started with the practice and was working with the Practice Manager to identify patients as carers.

Written information was available to direct carers to the various avenues of support available to them. This included a Lincolnshire Carers and Young Carers Partnership newsletter.

Staff told us that if families had suffered bereavement, a condolence card would be sent to the family. If a relative wished to see a GP, this was made as quickly as possible.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and others where it had been identified as necessary.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was a single storey building and accessible to all patients. Disabled facilities were available and the practice offered breast feeding facilities.
- A portable hearing loop and translation services available.
- Annual reviews, including medicine reviews, were completed by the GP for those patients residing in a residential or nursing home.
- The practice had identified the need to recruit a diabetic nurse specialist, who would be able to initiate and determine the level of insulin required.
- The practice had worked with the CCG to ensure all patients with a diagnosis of dementia had been identified to ensure appropriate care and support was provided. They had also worked with the local council to ensure all patients with a learning disability had been identified.
- Patients with no fixed abode were registered at the practice with a temporary address to ensure appropriate care and treatment could be provided.
- Patients were able to access online services to book appointments and request repeat prescriptions.
- Post natal checks were co-ordinated to be carried out when the mother and baby attended for the first immunisations.
- The practice provides an acupuncture service for patients with substance misuse.

- The practice liaises with the drug and alcohol recovery team (DART) to provide a substance misuse service. It was noted that this service would no longer be provided from September 2016 onwards.
- House calls were made to housebound patients if telephone calls were unanswered.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning and 3pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them. The practice had recently started a triage service by a duty doctor on call. Patients could be triaged by telephone or in person, the duty doctor was also responsible for carrying out home visits. This was to improve access to the surgery as a result of patient feedback.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 95% of patients said their last appointment they got was convenient compared to the national average of 92%.

Patients told us on the day of the inspection that it could be difficult to get through to the practice by telephone. They also told us that there could be a wait for up to four weeks to see a named GP. However, they also told us that they could get an emergency appointment quickly, if this was required. Three of the comment cards we received also said that it could be difficult to get an appointment with a named GP.

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.

The duty doctor on call carried out a triage service, if it was identified a home visit was required, the duty doctor on call would carry this out.

# Are services responsive to people's needs?

(for example, to feedback?)

## 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 knowledgeable about the complaints procedure and how to advise patients if they wished to raise a complaint or concern.
- There was a designated responsible person who handled all complaints in the practice.
- All formal complaints and verbal concerns were documented and an annual review was completed.

- We saw that information was available to help patients understand the complaints system. This included an information leaflet and poster in the waiting area. Information was also available on the practice's website and had the facility for patients to post comments on the website.

We looked at nine verbal and two written complaints received in the last 12 months and found they had been responded to in a timely manner and satisfactorily handled. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver quality care, promote good outcomes for patients and exceed patient expectations.

Staff were aware of the practices' vision and knew their role in achieving it.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented staff knew how to access them.
- A programme of 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 senior GP demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. Staff told us the senior GP was approachable and had an open door policy.

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). Additional training was in the process of being organised with the local CCG for staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty and shared learning with others when things went wrong. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice provided affected people support, an explanation and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held staff meetings three to four times a year. Informal clinical meetings were held on a daily basis and documented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt supported by the GPs and Practice Manager.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a quarterly basis and discussed health promotion topics such as, obesity and dementia. The PPG worked with the practice to ensure health promotion information was available to patients. Information was also displayed on the PPG information board regarding local activity groups, including those ran by the Alzheimers Society. A member of the practices' PPG attended a locality PPG meeting which included the sharing of best practice.
- The practice had gathered feedback from staff generally through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager or GPs.