

Boultham Park Medical 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boultham Park Medical Practice on 25 May 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

To ensure secondary thermometers are used with the vaccine refrigerators in line with national guidance.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- Clinical audits 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.
- 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.

Good



Summary of findings

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 Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP 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. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There 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. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 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. Home visits were available by GPs, practice nurses and healthcare assistants for chronic disease management, phlebotomy and anticoagulant monitoring.
- The practice provided medical care and support to several large local residential and nursing homes.
- The practice actively engaged with the local Neighbourhood Team, Frailty Team and Primary Care Navigators to support older patients with integrated care.
- The practice held monthly multi-disciplinary team meetings to discuss palliative care patients, frail older patients and admissions of those on the 'at risk of unplanned admission' register.

Good



People with long term conditions

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

- Nursing staff were trained in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were better overall than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%, compared to the CCG average of 90% and the national average of 88%.
- 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.
- There were effective recall procedures in place for monitoring of patients with non-attenders followed up by telephone.

Good



Summary of findings

- Integrated medication reviews were carried out for patients with multiple conditions.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77.5%, which was above the national average of 74%.
- Appointments were available outside of school hours with same day access to appointments for urgent children's problems and Saturday morning surgeries for working families.
- We saw positive examples of joint working with midwives and health visitors with both being available on site as well as speech therapy clinics.
- Sexual health advice and signposting was available as well as contraception services including implant fitting/removal and emergency contraception.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Sexual health advice and signposting was available as well as contraception services including implant fitting/removal and emergency contraception.

The practice offered extended opening hours on Saturdays to cater for working age people as well as good access to urgent same day appointments and telephone consultations.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a learning disability lead at the practice and annual health checks were undertaken for patients with a learning disability with flexible appointments if necessary to minimise stress caused to patients attending the practice.
- The practice supported a neighbouring sheltered housing scheme for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as the Citizen's Advice Bureau, food banks, Age Concern, carers Groups and Primary Care Navigators.
- 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.
- The practice worked with the local Drug and Alcohol Recovery Team (DART) and Addaction services to support patients with drug and alcohol problems.

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).

- 90% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is higher than the local average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff undertook dementia awareness training and had a good understanding of how to support patients with mental health needs and dementia.
- The practice held registers of patients with mental health problems and dementia. Annual reviews were in place.
- Patients were able to access cognitive behavioural therapy and psychological therapies.

Good



Summary of findings

- The practice carried out dementia screening and referral for patients at risk.
- Staff undertook training in dementia awareness, Safeguarding & the Mental Capacity Act.
- GPs carried out assessments for Power of Attorney and mental capacity.

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. 275 survey forms were distributed and 119 were returned. This represented 1.25% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 82% 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 prior to our inspection. We received 65 comment cards, 64 of which were positive about the standard of care received. Patients described the service and staff as exceptional with good communication, unhurried consultations and flexibility.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were friendly, professional and caring. We looked at comments made in response to the Friends and Family test which were also positive about the care received.

Areas for improvement

Action the service SHOULD take to improve

To ensure secondary thermometers are used with the vaccine refrigerators in line with national guidance.

Boultham Park Medical 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.

Background to Boultham Park Medical Practice

Boultham Park Medical Practice is a GP practice which provides a range of primary medical services to around 9,500 patients from a surgery in Boultham, a suburb on the outskirts of the city of Lincoln in an area suffering a higher than average level of deprivation. The practice's services are commissioned by Lincolnshire West Clinical Commissioning Group (LWCCG).

The service is provided by three full time male GP partners and two part time female partners who between them provide a total of 40 GP sessions per week. There is also a nursing team comprising a senior nurse, a practice nurse and two healthcare assistants. At the time of our inspection the practice were recruiting for a nurse practitioner and another practice nurse. They are supported by a practice manager and a team of reception and administration staff. Boultham Park Medical Practice is a training practice and at the time of our inspection there were two GP trainees in place.

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

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Boultham Park Medical Practice, Boultham Park Road, Lincoln. LN6 7SS.

The surgery is situated in modern purpose built premises with ample car parking which includes car parking spaces designated for use by people with a disability. The original building was extensively refurbished and extended in 1998-1999 with a further extension in 2012.

We reviewed information from Lincolnshire West CCG and Public Health England which showed that the practice population had deprivation levels which were higher than the average for practices in England. The practice has an above average elderly population and also an above average younger population of under eighteen year olds.

The practice is open between 8.00am and 6.30pm Monday to Friday with prebookable GP and nurse appointments available between 08.30am and 11.30am and 2.30pm and 5.30pm on a daily basis. Extended surgery hours are offered on Saturdays from 8.15am to 11.00am.

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, practice management and reception and administration staff.
- Observed how patients were being interacted with and talked with a member of the patient participation group.
- 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 were confident in reporting significant events and there was a standardised recording form in use. We found that the records were detailed and clear. 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that significant events were routinely discussed and documented at meetings, lessons were shared and action was taken to improve safety in the practice. For example, the practice had reported a significant event relating to high risk drug prescribing and shared care. As a result of this a clinical audit of methotrexate users had been undertaken, inconsistencies in secondary care identified, a practice protocol developed and the findings shared with the local medical community.

Overview of safety systems and processes

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice had recently undertaken a piece of work to try and raise the profile and consistency of recording and managing safeguarding information locally.

- 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 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. Regular infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice in order to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). On the day of our inspection we found that the practice had secondary thermometers in place in the vaccine fridges. Secondary thermometers are used as a failsafe to ensure vaccines are stored at the correct temperature the thermometer. However we found that the temperatures of the secondary thermometers were not being recorded. We were told that one of the thermometers was not working properly. We brought this to the attention of the practice manager who immediately ordered new secondary thermometers. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG

Are services safe?

pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were 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.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to 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. The practice had a comprehensive risk register which was regularly reviewed and risks mitigated. 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 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and the practice regularly audited their capacity and demand for appointments.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a community defibrillator available on the wall immediately outside the practice and on the premises were 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. 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 which included a communication cascade and a staff contact list.

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. We saw evidence that NICE guidance was discussed at clinical governance meetings.
- We saw evidence that the practice had monitored that these guidelines were followed through clinical audits.

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 showed the practice had achieved 98.8% of the total number of points available, compared to the CCG average of 95% and the national average of 94.8%. The practice had higher than average exception reporting in one clinical areas. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice exception reporting rate relating to rheumatoid arthritis was 16.9% compared to the CCG average of 8.4% and the national average of 7.4%. We sampled a number of random patient records in this cohort and found that they had been exception reported appropriately.

Data from 2014-15 showed:

- Performance for diabetes related indicators were better overall than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%, compared to the CCG average of 90% and the national average of 88%.

- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 90%, compared to the CCG average of 86% and the national average of 84%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93%, compared to the CCG average of 92% and the national average of 90%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100%, compared to the CCG average of 98% and the national average of 98%.

There was evidence of quality improvement including clinical audit.

- We saw that the practice had a schedule of planned clinical audits in place and there had been ten clinical audits completed in the last two years. A number of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice had been awarded the Quality Practice Award from the Royal College of General Practitioners in 2012.
- Information about patients' outcomes was used to make improvements. One clinical audit related to the use of quinine. This was carried out as a result of MHRA guidance. The first cycle identified that only 20% of patients on quinine used it intermittently, in line with guidance. Patients were reviewed and advised on the intermittent use of quinine and following the second cycle the number of patients who were now using it intermittently had improved from 20% to 68%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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 demonstrate how they stayed up to date with changes to the immunisation programmes by attending training updates at appropriate intervals.
- 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, mentoring and facilitation and support for revalidating GPs. Nursing staff told us they received informal clinical supervision but this would be formalised as part of the facilitation of nurse revalidation. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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 regular basis when care plans were routinely reviewed

and updated for patients with complex needs. The practice worked closely with the frailty team who were based at the practice and whose remit was to improve the outcomes of patients on the unplanned admissions register. This was a pilot scheme commissioned by the Clinical Commissioning Group (CCG). The frailty team attended practice clinical meetings and also fed in to the locality neighbourhood team who provided integrated care for patients.

Consent to care and treatment

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

- Staff understood and had received training about the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff also carried out training in dementia awareness. 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 GPs were aware of the necessity to assess the patient's capacity and record the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Referrals were made to local smoking cessation services.

The practice's uptake for the cervical screening programme was 77.5%, which was in line with the CCG average of 78% and above the national average of 74%. At the end of the year 2015-2016 this figure had increased to 79%. There was a system in place to follow up patients who did not attend for their cervical screening test. The practice ran health campaigns to encourage the uptake of screening programmes such as cervical screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There

Are services effective? (for example, treatment is effective)

were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.2% to 98.3% and five year olds from 88.2% to 94.5%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to use the confidential side-desk area which was available in reception when patients required greater privacy.

Of the 65 patient Care Quality Commission comment cards we received, 64 were positive about the service experienced. Patients described the practice as a shining example and said staff at all levels were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 well above average for its satisfaction scores on consultations with GPs and slightly below for nurse consultations. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% 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 96% and the national average of 95%.

- 93% 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%.
- 85% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice were not aware of any reasons for the lower results for nurses compared to GPs.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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 in respect of GP consultations and results were in line with local and national averages. However the responses in respect of nurse consultations were lower than both CCG and national averages. For example:

- 88% 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%.
- 91% 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%.
- 75% 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.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were contacted by their usual GP and followed up with a consultation meet the family's needs if appropriate or by giving them advice on how to find a support service.

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. The partners were proactively involved in the local medical community in respect of commissioning, education, urgent care, the Lincolnshire Medical Committee and the primary-secondary forum.

- The practice offered extended opening hours on a Saturday morning between 8.15am and 11.00am for working patients who could not attend during normal opening hours.
- 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, a hearing loop and translation services available.
- There was a lift available for easy access to the first floor.
- The consulting rooms were situated on the ground floor with wide corridors and easy access for wheelchairs and prams.
- A confidential side-desk area was available in reception
- There was a separate children's waiting room
- The practice website was integrated with the practice computer record system for on-line services which included prescription ordering, appointment booking and access to Healthcare Records.
- Prescriptions could be ordered over the telephone.
- The practice offered SMS appointment reminders.
- Minor surgery facilities including cryotherapy and hyfrecator.
- A phlebotomy service was available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to

11.30am every morning and 2.30pm to 5.30pm daily. Extended hours appointments were offered on Saturday mornings between 8.15am and 11.00am. Pre-bookable appointments that could be booked up to eight weeks in advance by contacting the practice or four weeks in advance online. Urgent appointments were also available for people that needed them as there was a daily duty doctor.

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

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 44% of patients said they always or almost always see or speak to the GP they prefer (CCG average 37%, national average 36%).

Patients who completed comments cards told us that they were able to get appointments when they needed them.

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.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system in the form of a leaflet and on the practice website

We looked at three of the 12 complaints received in the last 12 months and found these were satisfactorily handled in a timely way. 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. For

example, one complaint related to a patient not having all their problems dealt with in one consultation. The learning from this was to display information advising patients that each appointment was for one problem and to ask when making appointment if there was more than one problem. We saw this information was displayed on the website and in the waiting room.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had an ethos to provide high quality care to their patients, to make a difference to their patients and the area, to be big enough to be effective but small enough to care and to contribute to the local medical community.
- The practice had a robust strategy and supporting business plans which reflected their vision and values and were regularly monitored. It was apparent they had considered and were planning for future challenges which the practice could face.
- The practice had joined with five other practices to form Optimus Healthcare with the aim of working collaboratively with each other and sharing management good practice. They held regular meetings and educational events. The managers worked together and offered support and feedback and shared information from events or meetings that others were unable to attend. All the practices had agreed to have the same computer system for future sharing. In the past Optimus had tried to coordinate Saturday working but this had not possible due to record sharing difficulties. However Boutham Park Medical Practice had continued to offer Saturday appointments as part of their extended opening hours.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 and demonstrated that they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- For example we saw that where appropriate as the result of a complaint the practice gave affected people truthful information 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.

- Staff told us the practice held regular team meetings and we saw evidence of a range of well documented meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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 regularly, were involved with patient surveys and submitted proposals for improvements to the practice management team. The practice had carried out a patient survey and then held a meeting in February 2016 with the PPG specifically to discuss appointment access. The result of this was an increase in the availability of online appointments, opening of the outer doors of the practice at 7.30am to provide shelter for those waiting for appointments and a review of the appointment system which was still ongoing as appointment availability had been affected by the departure of the nurse practitioner.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and participated in local schemes to improve outcomes for patients in the area. For example the practice worked with the Neighbourhood Team, the Frailty Team and the Primary Care Navigator to identify patients most at risk of health and social care problems and decide how best to manage their needs. The purpose of this was to integrate local health and social care professionals into a patient-focused team with the aim of giving patients more personalised care and the level of support they required from the appropriate professional. There was also a focus within the practice on ongoing learning and the practice was a founder member of the Optimus Group of practices. As part of this the practice participated in educational sessions throughout the year and shared good practice. Boutham Park Medical Practice was awarded the Quality Practice Award from the Royal College of General Practitioners in 2012.

Boutham Park Medical Practice and at the time of our inspection there were two GP trainees in place. They were well supported by the partners and one of the partners was a Training Programme Director for the Lincolnshire GP Training Scheme. The practice were also a training hub (previously called Community Education Provider Networks) as part of Health Education England East Midland's Primary Medical Services Programme. The purpose was to improve recruitment and retention of GPs and the wider general practice team, and develop innovative solutions to the challenges faced by primary care