

# Core Care Family Practice Grimsby

## Quality Report

Cromwell Primary Care Centre  
Cromwell Road  
Grimsby  
East Lincolnshire  
DN31 2BH  
Tel: 01472 255600  
Website: n/a

Date of inspection visit: 25 May 2017  
Date of publication: 29/06/2017

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Core Care Family Practice Grimsby	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Core Care Family Practice Grimsby on 25 May 2017. Overall the practice is rated as good.

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

- The practice reported, recorded and reviewed significant events. However the practice did not always follow a formal system for this which resulted in an inconsistent approach to recording.
- The practice had systems to minimise risks to patient safety, however further action was needed in regard to safety within the building.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the patient's questionnaires completed during the inspection showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients whose comments we received in the main were satisfied with the appointment systems, and urgent appointments were available the same day.
- The practice had adequate 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 provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Look at a more consistent approach to the recording of significant events.
- Consider carrying out more clinical audits to ensure quality improvements.
- Have more detailed recruitment information available within the practice.

# Summary of findings

Have a system in place that detailed the required health and safety checks, maintenance and servicing was being carried out as required.

**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.

- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events, however a formal process was not always followed which led to an inconsistency in recording. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 some systems, processes and practices to minimise risks to patient safety. However, systems, processes and practices were not robust enough in areas for which the practice were not directly responsible, such as fire checks.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Quality of Performance data was not available for the practice as it had only been registered since November 2016. We were however provided with information that showed the practice had systems in place to monitor their performance

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Patient comment cards and questionnaires we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there had been an increase in patients who first language was not English and there were plans to increase more effective communication.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- We saw that urgent appointments were available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.

Good



# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 73% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (Data from the practice). This was below the CCG average of 88% and the national average of 90% (01/04/2015 to 31/03/2016).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



# Summary of findings

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.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice nurse took the lead for baby checks. They carried out home visits when required to ensure wherever possible so no child went without immunisation.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone appointments and telephone triage was available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including with dementia or those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- 73% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (data provided by the practice). This was below the CCG average of 90% and below the national average of 84% (2015 – 2016).
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients who were having lithium therapy (medication for depression) had their blood monitored (data provided by the practice)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



# Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

At the time of the inspection there were no national GP patient survey results available for the practice. This was due to the practice only being registered with CQC since 25 November 2016. We did however receive seven comment cards and eleven patient questionnaires that had been completed on the day of inspection. Patients stated that the staff were kind, polite and helpful; that the care and treatment provided was very good and as a new patient their experience had been wonderful.

The Friends and Family Test (FFT) results from January to March 2017 showed of the nine responses, three patients were extremely likely to recommend the practice and two patients were likely to.

## Areas for improvement

### Action the service SHOULD take to improve

- Look at a more consistent approach to the recording of significant events.
- Consider carrying out more clinical audits to ensure quality improvements.
- Have more detailed recruitment information available within the practice.
- Have a system in place that detailed the required health and safety checks, maintenance and servicing was being carried out as required.

# Core Care Family Practice Grimsby

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Core Care Family Practice Grimsby

Core Care Family Practice Grimsby, Cromwell Primary Care Centre, Cromwell Road, Grimsby, East Lincolnshire, DN31 2BH.

The practice is situated within a purpose built Primary Care Centre where there are a further two GP branch practices, NHS services such as ophthalmology and dermatology. The practice has a lease in place with a private landlord. There is ample free parking available.

The practice provides services under a General Medical Services (GMS) contract providing service to the practice population of 2,490 patients, covering patients of all ages.

The practice scored three on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

Core Care Family Practice was registered with CQC by CCL-Solutions Limited on the 25 November 2016. It was an existing practice which CCL-Solutions Limited took over in 2016.

Core Care Family practice is a sister company to Core Care Limited (a not for profit organisation). They are five GP's who are directors of the organisation and one salaried GP. They operate and manage other services, including out of hours service. All of the six GP's work at Core Care Family Practice on a part time basis. In addition, there is one advance nurse practitioner, one practice nurses and a health care assistant who works one morning per week. There is a practice manager and a small team administration and reception staff. The practice is supported by the larger organisation of, who provide them with much of their back room functions, such as human resources etc.

Core Care Family Practice – Grimsby is open 8 am till 6.30pm Monday to Friday. There are also telephone triage slots available both morning and afternoon.

Out of hours cover is provided through the local out of hour's service (Monday – Thursday from 6.30pm to 8am and 6.30pm Friday to 8am Monday).

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as North East Lincolnshire Clinical Commission Group to share what they knew. We carried out an announced visit on 25 May 2017. During our visit we

- Spoke with a range of staff; this included two GP's, an advanced nurse practitioner, a practice nurse, the practice manager and one member of the administration staff.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed patient questionnaires that had been distributed during the inspection.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 a system 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).
- From the sample of records we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events. However we found that there were occasions when incidents were not always recorded as a significant event. For example, the repeat prescribing of a high risk drug. We were however satisfied that the incident had been identified, investigated and appropriate action taken to address the issue. The practice were to discuss this at their next clinical meeting and were going to include it as a standing agenda item on their future meetings.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three as were the nurses. Update training was taking place the afternoon of the inspection.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw that an audit had been conducted by the CCG, with an overall score of 93%. Since the change of ownership action had been taken to improve the environment from an IPC perspective, for example carpets had been replaced by hard flooring in consultation rooms.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

## Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

We reviewed aspects of four personnel files. We were informed that the human resource function was being carried out by the practice sister organisation; as such they retained the staff recruitment records. We were able to see from information shared with us that in the main appropriate checks were completed. This included evidence of satisfactory conduct in previous employments in the form of references, qualifications, proof of identity, registration with the appropriate professional body and the appropriate checks through the DBS. We did however find that one member of non-clinical staff had not completed an application form or submitted a CV; as such it would not be possible to establish gaps in employment. In addition, a further member of non-clinical staff had been supplied through a training agency that had carried out the required checks. However, the practice had no formal information from the agency to formally demonstrate this. This was also the situation whereby staff who had already been employed by the practice's sister organisation and then commenced some work within Core Care Family Practice. The practice acknowledged the need for them to have evidence that all the required checks had been completed and planned to implement this.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a lease agreement in place with a private landlord. A facilities management company was responsible for the safety and maintenance of the premises. This included the fire risk assessment of the premises and other aspects of health and safety, maintenance and servicing. We looked at their records and found that the weekly fire alarm test had not been completed since 2 December 2016. We were informed that the responsibility of these checks had been devolved to the three GP practices within the premises; however the staff had not received the required training or any fire warden training. Immediate action was taken by the practice to address this matter and a meeting was arranged with the facilities management company

to discuss this and other health and safety arrangements. We received confirmation of this meeting following the inspection, followed by a copy of the minutes of the meetings with agreed actions. In the meantime the facilities and management company had completed fire tests and would continue to do so until staff had received the required training.

- The facilities and management company were also responsible for ensuring portable electrical equipment was checked. We checked a number of pieces of equipment which we evidenced had been tested recently. The actual certification was for the full building and the practice could not clearly identify what equipment related to their practice. The company agreed to map the building so there would then be clarity in respect of this.
- The facilities and maintenance company also had a variety of other risk assessments 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). On the day of inspection the legionella report was missing from the folder provided, it was however detailed that a further check on the systems had been booked for 16 June 2017. A copy of a legionella risk assessment and certificate were forwarded to CQC following the inspection. A further certificate was sent to CQC which was valid until 31 August 2017.
- We were informed by the practice that they had the clinical equipment checked and calibrated to ensure it was safe to use and was in good working order. We were provided with copies of calibration certification following the inspection to show this had been completed.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staffing and skill mix was an area under continual review within the practice with the mapping of clinical capacity to meet patient demand. An advance nurse practitioner had recently commenced, which added to the skill mix for clinical staff.

## Are services safe?

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.

- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- 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). At the time of the inspection there were no published QOF data available. The practice were however monitoring their performance and provided information to demonstrate how they were doing.

Data provided by the practice showed:

- Performance for blood pressure related indicators was 99%.
- Performance for osteoporosis indicators was 100%.

We were unable to compare the data to the CCG or national averages as the data timescales were different.

There was evidence of quality improvement including clinical audit:

- There had been limited clinical audits since the registration by CCL-Solutions Limited of the practice on 25 November 2016.
- An audit had been conducted in respect of Methotrexate monitoring (medications used for patients with rheumatoid arthritis).The audit identified that of the 11

patients reviewed, five had been receiving too much medication. Action was taken to address this with changes to the monitoring test system. This was a single cycle audit and would be repeated in two months.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- 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, for example by access to on line resources and discussion at practice meetings.
- 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, coaching and mentoring, clinical supervision 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: 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.
- Within the practice there were four GPs with special interests. These included general medicine, skin cancer/ general surgery, women's health and gynaecology. This meant that patients could receive more specialist care closer to home.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings had taken place with other health care professionals such as district nurses, community matrons and Macmillan nurses when care plans were routinely reviewed and updated for patients with complex needs. The plans forward were for these to take place on a monthly basis.

We also saw that the nursing staff had developed effective relationships with other professionals, such as the diabetic nurse specialist and the tissue viability nurse. Joint reviews took place where more complex needs had been identified.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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 and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 79% from the data provided by the practice.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Information provided by the practice showed that 97% of children had received their vaccinations.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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 years. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. They said the staff were caring and considerate, that they have been dealt with in a professional manner.

We also received eleven patient questionnaires that had been distributed during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded that staff were very kind, helpful and respectful.

Results from the patient questionnaires completed during the inspection showed that patient's satisfaction with how they could access care and treatment.

- 100% of patients who responded said they were treated with privacy, dignity and respect.
- 100% of patients who responded said they were given enough time during their appointment.
- 85% of patients who responded said they were listened to and that clinical staff understood their wishes.

### 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. We observed nursing and administration staff interacting with young patients in a warm and friendly manner.

Results from the patient questionnaires completed during the inspection showed that patient's satisfaction with how they could access care and treatment.

- 85% of patients who responded said they were involved in their care and treatment decisions.
- 85% of patients who responded said the practice were was good at explaining tests and treatments.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.8% of the

## Are services caring?

practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

The practice was looking at ways to provide patient with more social support. They had an open day where they had a number of other disciplines present. Plans were also underway to implement focus groups for discussion about particular topics, for example, the menopause.

In addition they were looking to develop Care Navigators within the practice to help provide patients with advice and support with health and social care issues.

They were also planning a 12 month cycle of events, including coffee mornings with local health and social care involvement.

The practice has an open door policy on Fridays for patients to drop in if they have any specific concerns and to support patients to complete personal independence payment claim forms.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday to Friday evening until 6.30pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice population for patients whose first language was not English had increased.

### Access to the service

Core Care Family Practice Grimsby was open 8am till 6.30pm Monday to Friday. There were also telephone triage slots available both morning and afternoon. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

Results from the patient questionnaires completed during the inspection showed that patient's satisfaction with how they could access care and treatment.

- 85% of patients who responded said they could get a same day appointment if they needed one.
- 85% of patients who responded said their appointments ran on time.

- 85% of patients who responded said they were informed if their appointment was going to run late.
- 100% of patients who responded said they were given enough time during their appointment.

The practice were aware there were some concerns in relation to accessibility of appointment. This particularly related to patient expectation and due to changes made following the new organisation taking over the practice. The appointment system was constantly being monitored and action had been taken to increase clinical skill mix, thus increasing capacity. This work was ongoing.

The practice had a system to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 a system 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.
- We saw that information was available to help patients understand the complaints system. This information was available within the main waiting area.

We looked at three complaints received in the last six months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Examples including safeguarding and management of long-term conditions.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. In addition, two weekly governance meetings also took place.
- A programme of continuous clinical and internal audit was being implemented to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing practice related risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the directors and management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. 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 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the records we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular meetings. These included weekly management and clinical meetings and practice staff meetings. Minutes were taken at these meetings. However, we found that the agenda tended to be an open agenda with no standing items, for example significant events and complaints. The practice manager confirmed they would be putting a more formal agenda together.
- Staff in the main 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. Minutes were available for practice staff to view.
- Staff in the main said they felt respected, valued and supported, particularly by the partners in the practice.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The practice did have a patient participation group, which they were in the process of developing further. At the time of the inspection they were unable to demonstrate any changes made to the practice as a result of their involvement. This was due to the recent change of ownership.
- We did see some information within the waiting room, 'You said, we did'. Patients had said there was some difficulty getting appointments when they worked full time. As a result the practice extended its opening hours.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they 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 part of local pilot schemes to improve outcomes for patients in the area.

The previous practice now known as Core Care Family Practice was taken over by CCL-Solutions Limited last year and formally registered with CQC 25 November 2016. The purpose of the change of ownership was to bring support to a smaller practice. This gave patients a wider range of services with improved access for them. We saw during the inspection that steps had been taken to achieve a number of objectives from CCL-Solutions Limited plan, for example, improvements had been made to the premises at the practice, staffing levels and skill mix had been reviewed with more clinical skill mix available to patients. There was evidence to demonstrate a clear commitment from CCL-Solutions Limited for the continual development and improvement of the service and acknowledgement of further bedding in of systems and processes within the practice.

A full audit of the practice had been completed which was RAG (red, amber, green) rated. We saw evidence that the majority of the actions points had been completed, for example the implementation of a training matrix and for all staff to have an appraisal.

The practice had other development plans in place. There were plans to obtain funding for a senior clinical pharmacist and two pharmacists.