

Weelsby View Health Centre - Drs Chalmers and Meier

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?

Requires improvement 

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 Weelsby View Health Centre, Drs Chalmers and Meier on 19 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 generally assessed and managed, with the exception of those relating to employment checks undertaken on clinical staff.
- 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.
- 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.
- The practice had policies and procedures to govern activity.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is:

Summary of findings

- To ensure that all necessary employment checks, or in the absence of an employment check a risk assessment to support the decision, should be undertaken on all clinical staff.

The areas where the provider should make improvement are:

- To ensure that information for patients, in practice leaflets and on the website, on how they can access services is accurate, consistent and comprehensive. For example including details of the times that late appointments were available on a Monday evening.
- To ensure that a Patient Participation Group is established.

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 requires improvement 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.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe in the area relating to employment checks. Not all clinical staff had received a Disclosure and Barring Service check and no risk assessment. To support the decision, had been undertaken so the practice could not provide complete assurance that all the clinical staff they employed did not pose any potential risk to patients.

Requires improvement



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 mostly in line with national averages. The practice had lower achievement rates for patients with diabetes who needed to have their cholesterol measured or needed a foot examination. However, the practice told us that there was a problem with the QOF data, following a change to their computer systems, with their exception rates showing as higher than they actually were.

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 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 in line with other practices for some aspects of care including patients having confidence and trust in the last GP they saw and that the last nurse they spoke to was good at treating them with care and

Good



Summary of findings

concern and involving them in decision about their care. In some areas the practice was rated as slightly lower than other practices, this included patients having enough time with the GP. However, overall 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example screening patients for high blood pressure.

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. However, it would be difficult for patients to obtain accurate details of appointment times as the information contained in the practice's guide to services, the website and NHS Choices was either incomplete or contradictory.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice's aim was to treat all patients, promptly, courteously and in complete confidence. Staff knew and understood what the practices approach was and their responsibilities in relation to it. 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. However the practice needed to improve the governance arrangements to ensure that all employment checks were undertaken on all clinical staff. 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 had systems in place for notifiable safety

Good



Summary of findings

incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice sought feedback from staff and patients and had tried to set up a patient participation group but none of their patients volunteered.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



The practice is rated as good for the care of older people. The GPs in the practice had personal lists and would whenever possible ensure continuity of care with patients seeing the same GP. 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.

People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nationally reported data for 2014/2015 showed that the practices performance across a range of diabetes related indicators was similar to the national average for some of the indicators. For example 90% of their patients with diabetes had received an influenza injection compared to the national average of 94%. However, performance was worse than the national averages for the measurement of cholesterol and recording of foot examinations. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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 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. Nationally reported data for 2014/2015 showed that the practice was in line with national averages for rates of

Summary of findings

cervical screening. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



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 offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



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. It offered longer appointments for patients with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients. It informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average. Overall the practice performance across a range of mental health related indicators was comparable to the national averages. The practice 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 had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or above national averages. 339 survey forms were distributed and 121 were returned. This represented 3% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% 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%.
- 72% 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 eight comment cards which were all positive about the standard of care received. Patients said that they felt listened to and were treated with dignity and respect by staff who were professional, friendly and caring.

We spoke with five patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Comments from the Friends and Family Test showed that of the 9 patients who had completed a return 89% would be likely or extremely likely to recommend the practice to a family member or friend.

Areas for improvement

Action the service MUST take to improve

The area where the provider must make improvement is:

- To ensure that all necessary employment checks, or in the absence of an employment check a risk assessment, should be undertaken on all clinical staff.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- To ensure that information for patients, in practice leaflets and on the website, on how they can access services is accurate, consistent and comprehensive. For example including details of the times that late appointments were available on a Monday evening.
- To ensure that a Patient Participation group is established.

Weelsby View Health Centre - Drs Chalmers and Meier

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Weelsby View Health Centre - Drs Chalmers and Meier

Weelsby View Health Centre, Drs Chalmers and Meier practice is in a purpose built building on Ladysmith Road in Grimsby. The building is shared with a number of other GP practice. Drs Chalmers and Meier's practice provides Personal Medical Services to approximately 4,500 patients living in the Hainton and Heneage area of North East Grimsby.

The practice has two male GP partners. The practice has three practice nurses and a healthcare assistant. They are supported by a team of management, reception and administrative staff.

The practice is in a relatively deprived area and has a higher than average proportion of its population who are classed as deprived. It also has a higher than average number of patients who have a long-standing health condition.

The practice is open between 8.00am and 6.30pm Monday to Friday. It provides appointments between 8.00am to 12.00am, and 4.00pm to 6.30pm on Monday, Tuesday,

Wednesday and Friday and between 8.00am to 12.00am on Thursday. Extended hours appointments are offered between 6.30pm and 7.45pm on a Monday. The practice provides Out of Hours services from 6.30pm through the Grimsby Area Primary Care Emergency Centre.

The practice also offers enhanced services including childhood vaccination and immunisation scheme, extended hours, timely diagnosis for people with dementia, improving patient online access, learning disabilities, rotavirus and shingles immunisations and unplanned admissions.

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 19 May 2016. During our visit we spoke with the practice manager, the GPs, nursing staff, administrative and

Detailed findings

reception staff and spoke with patients who used the service. We observed how staff dealt with patients attending for appointments and how information received from patients ringing the practice was handled. We 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents and an incident form was completed. When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out an analysis of the significant events and they were discussed at clinical and team meetings. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example additional training was provided to the nursing staff after it was identified that the nurses were having problems with new safety needles as they were becoming detached from the syringe. Following the training the problem was resolved.

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. 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 single point of contact telephone number. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received, or were booked to receive update training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

A notice in the waiting room advised patients that chaperones were available if required. The nursing staff acted as chaperones and were trained for the role. The practice could not provide complete assurance that there was any potential risk to patients as none of the nursing staff 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 training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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. At the time of the inspection, the refrigerators used to store medicines; including vaccines only had one thermometer. The practice was taking daily readings from this thermometer, which showed the refrigerator to be operating within the required parameters. As the refrigerators did not have an independent thermometer and the practice were not checking the calibration of the refrigerators monthly there was a lack of assurance that the refrigerators were operating effectively and that the vaccines patients received were safe and effective. The practice agreed to address this issue urgently and purchased and installed a second, independent thermometer so that they could be assured that the refrigerators were operating effectively and vaccines were stored in an appropriately.

We reviewed three personnel files. Only one of the files was for a member of staff who had been recruited recently. This

Are services safe?

file showed that appropriate recruitment checks had been undertaken prior to employment, this included proof of identification, references and qualifications. As it was a member of the reception team we were told that no DBS check had been undertaken. There was no risk assessment undertaken to support this decision. All other staff had been employed by the practice for a number of years so not all of the original recruitment details were available. We did find that nursing staff had had their registration with the appropriate professional body checked; however they had not had the appropriate DBS checks and no risk assessment had been undertaken to support this decision. The practice confirmed that this was the case. The practice could therefore not provide complete assurance that all the clinical staff they employed did not pose any potential risk to patients.

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 were policies which covered health and safety. 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, 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 system in place for all the different staffing groups to ensure enough staff were on duty. The majority of staff were part time so would work extra hours or sessions to cover staff absences and the GP used a locum to cover their absences.

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, there was also an emergency button in each room which staff could press if needed.
- Staff received annual basic life support training and there were emergency medicines available.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.

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, for 2014/15, were 96% of the total number of points available. The practice had a higher than average exception reporting rate (practice 14% compared to the CCG average of 9% and the national average of 7%). 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. However, the practice told us that they had had problems with the QOF data following a change to their computer systems, with their exception rates showing as higher than they actually were. They had tried to resolve this with the CCG and NHS England but had been unable to identify what had caused the problem. More recent data indicated that their exception rates were more in line with local and national averages.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average for some of the indicators. For example 90% of their patients with diabetes had received an influenza injection compared to the national average of 94%. However, performance was worse than the national averages for the measurement of cholesterol where 67% of patients had had their cholesterol measured compared to the national average of 81%. Performance for the recording of foot examinations was 73% compared to the national average of 88%.

- Performance for mental health related indicators was similar to the national average. For example 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the last 12 months, compared to the national average of 90%.

There was evidence of quality improvement including clinical audit. The practice had undertaken a number of clinical audits in the last two year where the improvements made were implemented and monitored and the findings were used by the practice to improve services. For example, the practice had audited its use of a specific drug to help lower cholesterol. The initial audit showed that the cholesterol levels of 7% of the patients were not at target levels. These patients were reviewed and their medication was changed, The subsequent audit showed that the patients cholesterol levels were at target levels.

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.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurses reviewing patients with long-term conditions had received training in the management of asthma and diabetes. 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 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. Staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

Staff received or were due to receive training that included: safeguarding, fire safety awareness and basic life support. 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 80% and the national average of 74%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, uptake for bowel cancer screening was slightly lower than CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 97% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The 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 in line with or slightly below satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

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

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. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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. However, there were no notices in the reception area to inform patients that this service was available. Information leaflets were available in easy read format if requested.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and information on the practices electronic screen in the patient waiting area told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer and the practice had identified which patients were carers. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would contact them and if appropriate send them bereavement card and/or give 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 practice were aware that a higher than average proportion of its patients may suffer from high blood pressure would check for this and take action as appropriate.

- The practice offered later appointments on a Monday evening until 7.45pm for 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. It provided appointments between 8.00am to 12.00am, and 4.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8.00am to 12.00am on Thursday. Extended hours appointments are offered between 6.30pm and 7.45pm on a Monday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Whilst the practice were able to describe their appointment times was difficult to obtain accurate details of opening times as the information contained in the practices guide to services, on their website and on NHS Choices was either incomplete or contradictory. For example details of the times that late appointments were available on a Monday evening were not advertised in their practice leaflet or on the website.

The practice provided Out of Hours services from 6.30pm through the Grimsby Area Primary Care Emergency Centre. This information was made available to patients in the practice leaflet and on the website.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% the national average of 73%.

People told us on the day of the inspection 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. If a patient requested a home visit the call would be transferred to the GP if they were available, or the GP would call the patient or their carer back as soon as they could, 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 in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and there was a designated person who handled complaints in the practice. There was information was available in the reception area to help patients understand the complaints system.

The practice had four complaints in the last twelve months. We looked at these complaints and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. The practice reviewed complaints annually to look for trends.

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 stated that its aim was to treat all patients, promptly, courteously and in complete confidence. Staff that we spoke to knew and understood what the practice approach was. The practice was aware of the challenges it would face in the future in terms of continuing to meet the needs of its patients, including the increasing needs of an ageing population and the challenge of recruiting clinical staff. It was now considering how to continue to provide and improve services to patients in the most efficient and cost effective way.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in the majority of areas. However the practice needed to improve the governance arrangements to ensure that all employment checks were undertaken on all clinical staff.

Leadership and culture

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

They told us they prioritised safe, high quality and compassionate care. 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). This included supporting staff on communicating with patients about notifiable safety incidents. 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 they gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. The practice held regular team meetings and 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, by the partners and managers in the practice. 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.

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

The practice encouraged and valued feedback from patients, the public and staff. It used the feedback from the Friends and Family Test to identify any areas for improvement. The practice had tried to set up a patient participation group (PPG) but none of the patients had volunteered. The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not do all that was reasonably practicable to undertake all appropriate employment checks on clinical staff. They had failed to identify the risks associated with not ensuring that all clinical staff had undergone a Disclosure and Barring Service check. This was in breach of regulation 19(3) of the HSC Act 2008 (RA) Regulations 2014.