

# Portland Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Portland Medical Practice on 5 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. There was a risk register in place with various health and safety risk assessments carried out and reviewed on a regular basis.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had implemented an automated telephone system called 'patient partner' which allowed patients to book, check and cancel appointments and request repeat prescriptions 24 hours a day, seven days a week without the need to speak to a member of the reception team.
- The practice provided a touch screen tablet at the reception desk which provided a translation service in numerous different languages for patient and staff use. This was also voice activated and enabled patients to talk into the tablet and translated speech to the receptionist. The reception staff were also able to use this as a translation tool to speak back to the patient.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. The practice held a register of all significant events and incidents which were reviewed and actioned on a weekly basis.
- 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.
- The practice held monthly safeguarding meetings which included midwives, health visitors and school nurses.
- Risks to patients were assessed and well managed. The practice had an effective risk register in place and had carried out numerous risk assessments at both the main and the branch surgery which were reviewed on a regular basis.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed some patient outcomes were at or above average for the locality and compared to the national average. Where the practice were outliers for outcomes such as mental health, evidence showed that improvements had already been made in comparison to 2014-15 performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a programme of clinical audits in place which demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided a frailty service and worked closely with the frailty and hospital avoidance team.
- The practice held regular community health events within the practice which aimed to improve communication with patients particularly ethnic minority patients where language barriers were prominent. The events provided health promotion information and health screening advice particular in relation to bowel cancer screening and childhood immunisations and vaccinations with a view to improve uptake rates.
- The practice held events twice a year at a local school of which pupils spoke approximately 21 different languages. These events were aimed to promote the services offered by the practice, improve communication due to the high number of languages spoken by pupils and to promote health advice and the importance of childhood immunisations with an aim to improve uptake rates.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- If families had suffered bereavement, their usual GP contacted the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services.
- The practice had a carers register in place and provided a carers section on its website which provided full contact details of local carers support groups which included a video link. There was also links to other relevant information for carers which included housing and financial information.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered extended opening hours on a Monday and a Thursday evening until 7.45pm for working patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice provided a touch screen tablet at the reception desk which provided a translation service in numerous different languages for patient and staff use. This was also voice activated and enabled patients to talk into the tablet and translated speech to the receptionist. The reception staff were also able to use this as a translation tool to speak back to the patient.
- Practice information folders were provided in the waiting area specifically for those who were blind or partially sighted. An audio CD version of the practice leaflet was also available.
- Practice information leaflets were available in numerous different languages.
- The practice had implemented an automated telephone system called 'patient partner' which allowed patients to book, check and cancel appointments and request repeat prescriptions 24 hours a day, seven days a week.
- The practice had a 'blue card' scheme in place for patients identified by the practice as high risk such as those with long term conditions. Patients were recorded on their care record as having a 'blue card' which alerted the reception team when these patients contacted the practice. These patients were offered same day access to a GP or nurse appointment.

## Are services well-led?

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

Good



# Summary of findings

- 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 a number of policies and procedures including clinical policies to govern activity and held regular governance meetings.
- A member of the practice management team held a daily huddle with reception and administration staff. Staff were updated on various areas such as daily appointment availability, staffing levels and recent compliments were shared with the team. Staff we spoke to told us they found these useful and informative.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a training practice for nurse students who were enrolled with the University of Lincoln. Members of the nursing team were trained to support student nurses during placement with the practice.
- The practice was a training practice and delivered training to GP Registrars. (A GP Registrar is a fully qualified Doctor who is training to become a GP).

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a frailty service and worked closely with the frailty and hospital avoidance team.
- Members of the nursing team provided home visits for patients who were housebound.
- The practice provided an automated telephone service for booking of appointments and also to request a repeat prescription.
- The practice ensured patients had a named care coordinator to give additional support and ensured care plans were implemented and reviewed on a regular basis for older people.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 92% which was better than the national average of 89% (Overall exception reporting rate was 12% which was higher than the local average of 11%).
- 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 multi-disciplinary package of care.
- The practice had a 'blue card' scheme in place for patients identified by the practice as high risk such as those with long term conditions. Patients were recorded on their care record as having a 'blue card' which alerted the reception team when these patients contacted the practice. These patients were offered same day access to a GP or nurse appointment.



# Summary of findings

- The practice provided an in-house anti-coagulation clinic for those patients prescribed warfarin.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided midwifery led clinics twice a week.
- The practice also held events twice a year at a local school of which pupils spoke approximately 21 different languages. These events were aimed to promote the services offered by the practice, improve communication due to the high number of languages spoken by pupils and to promote health advice and the importance of childhood immunisations with an aim to improve uptake rates.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided an in-house phlebotomy service.
- The practice provided extended hours appointments until 7.45pm on a Monday and a Thursday evening.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



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

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

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

Good



- Performance for mental health related indicators was 72% which was lower than the national average of 93%. (Overall exception reporting rate was 13% which was better than the local average of 15%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed mixed results compared to how it was performing in comparison to local and national averages. 307 survey forms were distributed and 105 were returned. This represented 1.18% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% 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%.
- 97% of patients said that the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 65% 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 18 comment cards which were mostly positive about the standard of care received.

We spoke with one patient during our inspection, we also spoke with two members of the patient participation group who told us they were satisfied with the care received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 93% of patients who had responded said they would recommend this practice to their friends and family.

# Portland Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Portland Medical Practice

Portland Medical Practice provides primary medical services to approximately 8,871 patients in the city of Lincoln and surrounding areas. The practice has a branch surgery located in Newland Health Centre in the city of Lincoln. The practice also provides services to patients residing in 19 nursing and residential homes in the surrounding area.

The practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

At the time of our inspection, the practice employed three male GP partners, one female associate GP, two GP registrars, a practice manager, office manager, practice administrator, two advanced nurse practitioners, three practice nurses, an assistant practitioner, a phlebotomist and a health care assistant, a team of reception, secretarial and administration staff and a caretaker and domestic.

The practice is a training practice and delivers training to GP Registrars. (A GP Registrar is a fully qualified Doctor who

is training to become a GP). The practice delivers teaching sessions to medical students on a rotational basis who are enrolled with the University of Nottingham. Portland Medical Practice is also a research accredited practice.

The practice is a training practice for nurse students who are enrolled with the University of Lincoln. Members of the nursing team are trained to support student nurses during placement with the practice.

Portland Medical Practice is open from 8am to 6.30pm Monday to Friday with the exception of a Monday and a Thursday when the practice is open until 7.45pm.

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

The practice has a higher population of patients between the ages of 20-39 years of age and the patient list has higher than average levels of deprivation and ethnic minorities.

The practice has an active patient participation group (PPG) which has been in place for approximately eight years and meet on a regular basis.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patient summary care records including detailed coded medical records.

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

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including a GP, practice manager, two practice nurses, an assistant practitioner who is part of the practice frailty service, a receptionist and two representatives of Lincolnshire County Council.
- We spoke with one patient and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 18 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice held a register of all incident reports and carried out a thorough analysis of the significant events. All incidents reported were discussed in a weekly meeting and the register was updated with any actions required, a named responsible person to complete the actions required and a completion date. A record of learning outcomes was also held on the register.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). All alerts were coordinated by the information governance lead and staff were notified of these alerts via an electronic system and were also discussed in clinical meetings. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts and actions taken as a result during our inspection which showed that an effective system was in place.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence of recent action plans completed for both the main and the branch surgery. Suitable processes were in place for the storage, handling and collection of clinical waste.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG 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.

- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Both nurses had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments in place which had been carried out by an external specialist. The practice also carried out regular fire drills. During our inspection we saw evidence of fire drill records which included fire drill evaluations. There was appropriate fire protection equipment in the premises which had been serviced on a regular basis. We saw evidence that emergency lighting checks were carried out on a regular basis.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014-15 were 88.4% of the total number of points available. Overall exception reporting rate was 10.2% (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).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 92% which was better than the national average of 89% (Overall exception reporting rate was 12% which was higher than the local average of 11%).
- Performance for mental health related indicators was 72% which was lower than the local and national average of 93%. (Overall exception reporting rate was 13% which was better than the local average of 15%).

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits completed in the last two years, the practice had an ongoing audit programme in place. During our inspection, we looked

at nine audits which had been completed which included audits of antibiotic prescribing, medicines audits which included domperidone and temazepam usage and an audit of patients diagnosed with atrial fibrillation. We looked at an audit of patients prescribed methotrexate which is a high risk medicine. The aim of this audit was to ascertain whether these patients had also received blood monitoring during the preceding 12 month period to ensure all patients were monitored appropriately whilst being prescribed this medicine. This audit was a completed audit carried out over two cycles.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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, 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. 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



# Are services effective?

## (for example, treatment is effective)

governance. Staff had access to and made use of e-learning training modules and in-house training. Some members of staff had also received Mental Capacity Act (MCA) training and domestic violence 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mixed compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 92% and five year olds from 67% to 88%. The practice were aware of their lower than average results and held community events within the practice to promote childhood immunisations and vaccinations with an aim to improve uptake rates.

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.

The practice provided in an in-house frailty service and was one of six practices locally who worked closely with the frailty and hospital avoidance team to deliver this service. The service aimed to identify and proactively manage frail and/or frequent service users and those at risk of unplanned admission to hospital to provide them with a comprehensive geriatric assessment and provide a holistic

# Are services effective?

(for example, treatment is effective)

health and socially integrated plan of care. This service also aimed to reduce unplanned admissions to hospital. Clinics were provided in house by an assistant practitioner for patients and home visits were also provided.

The practice was actively working in conjunction with Lincolnshire County Council's neighbourhood manager to engage in the community particularly with eastern European residents. This project involved holding community meetings and events to improve health outcomes for patients. A member of Lincolnshire County Council attended the practice on a regular basis and provided sessions in-house to migrant groups.

The practice were planning to take part in a ten week project with the University of Lincoln which would involve the practice engaging with students to show them the benefits of engaging in the local community to raise awareness of local services available to them and improve community engagement.

The practice held regular community health events within the practice which aimed to improve communication with patients particularly ethnic minority patients where language barriers were prominent. The events provided health promotion information and health screening advice particularly in relation to bowel cancer screening and childhood immunisations and vaccinations with a view to improve uptake rates. The practice also supported patients with language barriers through registration processes.

The practice also held events twice a year at a local school of which pupils spoke approximately 21 different languages. These events were aimed to promote the services offered by the practice, improve communication due to the high number of languages spoken by pupils and to promote health advice and the importance of childhood immunisations with an aim to improve uptake rates.

# 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.

Most of the 18 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.

We spoke with one patient and two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% 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%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 76% 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. We also saw that care plans were personalised.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 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 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Two members of the reception team spoke Polish.
- The practice provided a touch screen tablet at the reception desk which provided a translation service in

## Are services caring?

numerous different languages for patient and staff use. This was also voice activated and enabled patients to talk into the tablet and translated their speech to the receptionist. The reception staff was also able to use this as a translation tool to speak back to the patient.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice provided a carers section on its website which provided full contact details of local carers support groups which included a video link. There were also links to other relevant information for carers which included housing and financial information. At the time of our inspection, the practice were working towards the Lincolnshire Carers Quality Award.

Staff told us that if families had suffered 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 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 offered extended opening hours on a Monday and Thursday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- 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.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- Practice information folders were provided in the waiting area specifically for those who were blind or partially sighted. An audio CD version of the practice leaflet was also available.
- Practice information leaflets were available in numerous different languages.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered until 7.45pm on a Monday and a Thursday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments, telephone consultations and home visits were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 91% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

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.

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.

The practice had implemented an automated telephone system called 'patient partner' which allowed patients to book, check and cancel appointments and request repeat prescriptions 24 hours a day, seven days a week without the need to speak to a member of the reception team. The practice told us this system reduced call answering times for patients and reduced the pressure of incoming calls for the reception team.

The practice had a 'blue card' scheme in place for patients identified by the practice as high risk, such as those with long term conditions. Patients were recorded on their care record as having a 'blue card' which alerted the reception team when these patients contacted the practice. These patients were offered same day access to a GP or nurse appointment. The practice told us they had seen a reduction in its emergency hospital admission rates which were lower than local and national averages, particularly for patients over the age of 65 years who were diagnosed with dementia.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area.

We looked at 25 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice carried out a significant event analysis on complaints which required this.

# 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 and values which was to make service a key principle of the practice, embrace clinical innovation, support a knowledgeable, skilled and caring medical administrative team and to deliver value added care to the individual and population. All staff we spoke with knew and understood these values.
- The practice had a robust 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 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 which included comprehensive clinical policies and were available to all staff. We looked at 14 policies which included business continuity, chaperone, infection control, recruitment, consent and health and safety. All policies had been regularly reviewed and updated. Staff we spoke with were aware of these policies and procedures and how to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us 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 support training for all 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:

- 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 in place and staff felt supported by management.

- Staff told us the practice held weekly staff meetings. We saw minutes of these meetings and various topics were discussed which included health and safety, general practice updates, significant events and reviews of complaints received.
- The practice management team held a daily huddle with reception and administration staff. We observed this during our inspection and staff were updated on various areas such as daily appointment availability, staffing levels and thank you cards and recent compliments and thank you cards were shared with the team. Staff we spoke to told us they found these useful and informative.
- The practice also held regular clinical meetings which included reviews of deceased patients, significant events and near misses, safeguarding concerns and reviews of complaints received. The practice also held regular gold standard framework (GSF) meetings in which all patients who were on the GSF register were discussed to ensure their health care needs were reviewed. Meetings took place to review all patients who were on the safeguarding register and a review of vulnerable adult patients.



# Are services well-led?

Good 

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

- 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, particularly by the partners 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.
- The practice had a staff suggestion scheme in place called '3iii' 'ideas, innovation and initiative'. This scheme gave members of staff the opportunity to submit ideas for improvement which were discussed in a practice meeting. Staff whose initiatives were implemented received a gift voucher reward.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had approximately 12 members and met on a monthly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG provided support to the practice with open events in which patients were invited into the practice for refreshments and activities for children whilst updating

patients on services the practice provided to patients. The PPG also arranged for speakers to attend the practice which included a representative from a local carer's service. The PPG were also in the process of creating a carers notice board in the waiting room for patients to update them on local services available to them and provide them with carers information. The PPG were also members of a partnership of six other practice PPGs called optimus which aimed to provide a more comprehensive and beneficial service to patients by sharing best practice.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 practice was a training practice and delivers training to GP Registrars. The practice delivered teaching sessions to medical students on a rotational basis who were enrolled with the University of Nottingham. Portland Medical Practice was also a research accredited practice.

The practice was a training practice for nurse students who were enrolled with the University of Lincoln. Members of the nursing team were trained to support student nurses during placement with the practice.