

Caythorpe & Ancaster 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

Outstanding



Are services safe?

Outstanding



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 Caythorpe & Ancaster Medical Practice on 21 April 2016. Overall the practice is rated as outstanding.

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

- At the inspection we found that patients were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong. The practice had comprehensive systems in place to keep people safe which took into account current best practice.
- There was an open and transparent approach to safety and an effective system in place for the reporting, recording, investigating and monitoring of significant events.
- Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive and well embedded.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice employed a qualified nurse as a care co-ordinator who liaised with other agencies in the care of older people.
- Feedback from people who use the service and stakeholders was consistently and strongly positive. 93 patients expressed high levels of satisfaction about all aspects of the care and treatment they received. The feedback from comments cards we reviewed said they are treated with care, compassion, dignity and respect. Staff went the extra mile.
- Data from the January 2016 national GP survey was also consistently high.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet

Summary of findings

patients' needs. For example, a Neighbourhood team. The team identified those most at risk of health and social care problems and decided how best to manage their needs.

- Services were tailored to meet the needs of the patients and were delivered in a way to ensure flexibility, choice and continuity of care. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group
- The practice had good facilities at both sites and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw a number of areas of outstanding practice including:

- The practice ensured that the patients were protected by a strong comprehensive safety system with a focus on openness, transparency and learning when things went wrong. The level and quality of incident reporting demonstrated that all staff were open and fully committed to reporting incidents and near misses.
- A GP partner, with the support of Lincolnshire County Council, introduced a "Bicycles for exercise programme" The practice purchased 13 electric

bicycles and these were loaned to identified "at-risk" patients, for example, those with cardiovascular disease, to encourage them to become more physically active. The practice used their medicine delivery service to deliver these to patients. The feedback from this project was very favourable and encouraged patients to go on to continue to cycle and become physically fitter.

- A GP partner, with support from local agencies, had helped to develop local walking groups. These were initially surgery based but had now become autonomous and self-sustaining under the "Walk for Life" scheme. They now had active weekly walking groups based in both Caythorpe and Ancaster surgeries. Independent research by Sheffield Hallam University (The value of walking – an ethnographic study of a Walking for Health group, Gordon Grant April 2015) had validated the success of this programme. These groups were promoted through the practice website, information in the waiting rooms and through Patient Group newsletters.

The areas where the provider should make improvement are:

- Ensure the safeguarding register is current and up to date
- Have a system to record safeguarding and gold standard framework palliative care meetings.
- Ensure that guidance received within the practice is checked and interpreted correctly to ensure patient safety. For example, in relation to repeat prescriptions.

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 outstanding for providing safe services.

- There was an open and transparent approach to safety and an effective system in place for the reporting, recording, investigating and monitoring of significant events.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- The practice reviewed significant events on a monthly basis and earlier if required. Improvements were implemented in a timely manner. Clinical and full staff meetings were used to disseminate information and discuss learning outcomes.
- Staff reported incidents and near misses. Documentation was thorough and demonstrated that staff were committed to ensuring high quality safe patient care. Safety incidents were shared with the CCG if appropriate.
- Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, well embedded and there was recognition that it was the responsibility of all staff that worked at the Caythorpe and Ancaster surgeries.
- The practice had comprehensive systems in place to keep patients safe and safeguarded from abuse. However the safeguarding register needed to be updated.
- The practice had effective procedures to manage infection control and reviewed standards of cleanliness on a regular basis.
- The practice had developed systems to ensure monitoring of high risk medicines was up to date to keep patients safe.

Outstanding



Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Clinical audits demonstrated quality improvement.

Good



Summary of findings

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 9.1% exception reporting.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The national patient's survey from January 2016 showed that staff were consistently performing well above the national averages in all areas. For example, 91% of respondents said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%. 89% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 87%. 95% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- Feedback we gathered from patients and other health care professionals was extremely positive. It was evident from the comments reviewed that staff went the extra mile, in terms, of care and treatment and for some it exceeded their expectations. For example, for patients on palliative care, visits and phone contact would take place in the evenings and at weekends as needed.
- It was evident that the practice had a strong patient centred culture. We saw that staff were highly motivated and inspired to give high quality patient care. Staff treated patients with kindness and respect, and maintained patient and information confidentiality. Comment Cards we reviewed aligned with these views and also gave many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- We found that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. 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. For example, the practice offer extended access evening appointments from 6.30 until 8.30pm on Mondays at Caythorpe Surgery and Tuesdays at Ancaster Surgery. Appointment times were extended to fifteen minutes, to allow patients who may not be able to attend regularly, due to work commitments, to discuss a number of issues if needed in one consultation. Both surgeries had a daily “sit-and-wait” surgery which began 12 noon. This enabled patients to be seen on the day when all bookable appointments were full.
- The practice constantly reviewed the way they accommodated demand for patient appointments and offered extra appointment sessions if demand exceeded the capacity. For example, the practice had introduced a ‘sit and wait’ clinic at the end of morning surgery to ensure all patients that wanted to be seen were seen on the same day.
- There were innovative approaches to providing integrated person-centred care. For example, a GP within the practice had developed templates within the patient electronic records for the health care needs of military veterans. This included the social and psychological factors that could affect their lives. Links to support groups and referral pathways were included within this template to ensure that all their healthcare needs were met.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, both surgeries had a daily “sit-and-wait” clinic which started at the end of morning surgery. This enabled patients to be seen on the day when all bookable appointments were full.
- Patients could access appointments and services in a way and at a time that suited them.
- 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.

Summary of findings

- The practice had good facilities at both surgeries and was well equipped to treat patients and meet their needs.
- The practice had a proactive approach to the needs of different groups of patients. For example, Patients with a learning disability who attended for an annual review had double appointments with both a health care assistant and a GP to ensure all their patient needs were met.
- 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.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The GP partners and practice manager encouraged a culture of openness and honesty.
- 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.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.
- 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
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



Summary of findings

- A GP partner had extensively researched the benefits of home blood pressure monitoring. He sat on the East Midlands Hypertension Project Group (HPG) which seeks to improve hypertension management in the region and shared the expertise of hypertension management gained through his work in the practice.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. They offered home visits and urgent appointments for those with enhanced needs.
- Staff were highly committed to meeting the needs of the patients.
- A GP partner was the practice champion of care of older people.
- All patients over the age of 75 years have a named accountable GP
- Older patients made up 25% of the practice population.
- 82% of patients over 65 had an immunisation against influenza.
- The practice had a care co-ordinator who provided support to patients at risk of an unplanned hospital admission and losing their independence. They worked with multi-disciplinary teams, for example social services, Neighbourhood team and Lincolnshire Well-being service to support the care of older people. Staff had completed care plans for 3.6% of patients who had been assessed as being at risk which was above the national average of 2%.
- The practice had three residential homes in the area with patients who were registered with the practice. Each had a designated lead GP.
- The practice worked closely with the District Nursing Team to provide co-ordinated care to older people. The District Nursing Team was located in the practice within the Ancaster Surgery.
- The care for patients at the end of life was in line with the Gold Standard Framework. This meant practice staff worked, as part of a multi-disciplinary team and with out-of-hours providers to ensure a consistent approach to care and a shared understanding of the patient's wishes.

Outstanding



People with long term conditions

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

- A GP partner was the practice champion of care of long-term conditions
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Outstanding



Summary of findings

- 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.
- National reported Quality and Outcomes Framework (QOF) data to 2014/15 showed that the practice had performed well in relation to providing care and treatment for the clinical conditions commonly associated with this population group. The most recent published results for 2014/2015 showed that the practice had achieved 99.8% of the total number of points available, with 9.1% exception reporting.
- GP or nurses carried out home visits and medication reviews were arranged for patients who found it difficult to leave their homes.
- The practice had protocols for the management of hypertension (high blood pressure) and had diagnostic equipment to enable patients to be monitored by the practice instead of having to travel to the local hospital. As part of the service to patients they provided a home delivery service for the BP monitors to ensure better monitoring and treatment.
- The practice maintained registers of patients with COPD and asthma. NICE guidance was followed in diagnosing such patients e.g. by using spirometry. A GP partner took the lead on the interpretation of spirometry results to ensure the approach was consistent and robust.

Families, children and young people

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

- A GP partner was the practice champion of care of families, children and young people.
- 16% of the practice population was under 14 years of age.
- 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.
- Childhood immunisation rates for the vaccinations given were comparable to national averages for most immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 94% and five year olds from 77% to 94%.

Outstanding



Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%.
- In response to patient feedback and demand the practice had a "sit and wait" clinic at the end of the booked morning surgeries so that if anyone had a problem they felt needed urgent assessment they were guaranteed to be seen on the same day.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provides a full range of contraceptive services, from oral contraceptives, emergency contraception, to long-acting contraceptives including implants and intrauterine devices.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- An Associate GP was the practice champion of 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.
- 56.5% of the patients registered with the practice are working age.
- The practice offer extended access evening appointments from 6.30 until 8.30pm on Mondays at Caythorpe Surgery and Tuesdays at Ancaster Surgery. Appointment times were extended to fifteen minutes, to allow patients who may not be able to attend regularly, due to work commitments, to discuss a number of issues if needed in one consultation.
- A GP partner, with the support of Lincolnshire County Council, introduced a "Bicycles for exercise programme" The practice purchased 13 electric bicycles and these were loaned to identified "at-risk" patients, for example, those with cardiovascular disease, to encourage them to become more physically active.
- A GP partner, with support from local agencies, had helped to develop local walking groups. These were initially surgery based but had now become autonomous and self-sustaining under the "Walk for Life" scheme.

Outstanding



Summary of findings

- 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.

People whose circumstances may make them vulnerable

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

- An Associate GP was the practice champion of care of people whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Patients were offered an extended twenty-minute appointment with the HCA followed by a twenty-minute appointment with a GP to allow adequate time to perform a comprehensive health assessment.
- 92% of patients with a learning disability had received an annual review.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- A GP partner was the practice champion of care of people experiencing poor mental health (including people with dementia).
- 100% of patients who had been diagnosed with dementia had a care plan in place.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87.3% which was 1.8% below the CCG average and 3.3% above the national average. Exception reporting was 11.3% which was 4% above the CCG average and 3% above the national average.

Outstanding



Summary of findings

- The dementia diagnosis rate was 100% which was 18.1% above the CCG average and 18.5% above the national average. Exception reporting was 35.7% which was 29.8% above the CCG average and 27.3 above national average. Following a practice review of dementia screening/assessment in October 2015 the practice had implemented new measures to improve the screening and initial assessment. They utilised an algorithm on their clinical software that alerted the practice to those patients who were considered to be at high risk of dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example, to the local Steps2change or Drug and Alcohol Recovery Team (DART).
- The practice referred, as appropriate, to the local Crisis Team or local community mental health services.
- The practice promote continuity of care and encourage patients who experience poor mental health to attend for regular review with the doctor of their choice
- 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 patient survey results were published on 7 January 2016. The results showed the practice was performing better in most areas compared to local and national averages. 236 survey forms were distributed and the practice had a return rate of 56%.

- 92% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 70% with a preferred GP usually get to see or speak to their preferred GP compared with a CCG average of 59% and a national average of 59%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.

- 84% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 72% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 66% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 94 comment cards, 91 of which were all overwhelmingly positive about the standard of care received. Comments cards we reviewed told us that the service was excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were caring and helpful and treated patients with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the safeguarding register is current and up to date
- Have a system to record safeguarding and gold standard framework palliative care meetings.

- Ensure that guidance received within the practice is checked and interpreted correctly to ensure patient safety. For example, in relation to repeat prescriptions.

Outstanding practice

- The practice ensured that the patients were protected by a strong comprehensive safety system with a focus on openness, transparency and learning when things went wrong. The level and quality of incident reporting demonstrated that all staff were open and fully committed to reporting incidents and near misses.
- A GP partner, with the support of Lincolnshire County Council, introduced a "Bicycles for exercise programme" The practice purchased 13 electric

bicycles and these were loaned to identified "at-risk" patients, for example, those with cardiovascular disease, to encourage them to become more physically active. The practice used their medicine delivery service to deliver these to patients. The feedback from this project was very favourable and encouraged patients to go on to continue to cycle and become physically fitter.

- A GP partner, with support from local agencies, had helped to develop local walking groups. These were

Summary of findings

initially surgery based but had now become autonomous and self-sustaining under the “Walk for Life” scheme. They now had active weekly walking groups based in both Caythorpe and Ancaster surgeries. Independent research by Sheffield Hallam University (The value of walking – an ethnographic

study of a Walking for Health group, Gordon Grant April 2015) had validated the success of this programme. These groups were promoted through the practice website, information in the waiting rooms and through Patient Group newsletters.

Caythorpe & Ancaster 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, a member of the CQC medicines team and a practice nurse specialist advisor.

Background to Caythorpe & Ancaster Medical Practice

Caythorpe and Ancaster Medical Practice is a semi-rural training and teaching practice working from two sites and provides primary medical services to approximately 8,900 patients. The surgeries are based at Ancaster and Caythorpe and cover a further 40 small villages. The practice dispenses medicines to 97.2% of patients who were registered with the surgeries.

At the time of our inspection the practice employed four GP partner (male), two salaried GPs (one male and one female), three GP registrars, a Practice Manager, four practice nurses, four health care assistants, one dispensary manager, one care co-ordinator, one accounts manager, one office manager, two delivery drivers, three house keepers, two reception supervisors, ten dispensers and 19 reception and administration staff.

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

The practice is a GP training practice. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain valuable experience by being based within the practice. The practice participate in the apprenticeship scheme and also provide training to medical students, student nurses and nurse practitioners undertaking further training to become prescribers.

The practice has one location registered with the Care Quality Commission (CQC) which is Caythorpe and Ancaster Medical Practice, Ancaster Surgery, 12 Ermine Street,

Ancaster, Grantham, Lincs, NG32 3PP. The practice also has a branch - Caythorpe Surgery, 52 High Street, Caythorpe, Grantham, Lincs, NG32 3DN.

Ancaster Surgery is open from Monday 8am to 6.30pm Monday to Friday. Patients can book appointments by phone, online or in person. GP appointments were available from 9-12noon and 3.30pm to 5pm Monday to Friday. Nurse Appointments were available from 9.10am to 12.30 and 3.30pm to 5pm. There was also a 'sit and wait' clinic which started after morning surgery if an urgent appointment was required on the day. Appointments could be booked up to four weeks in advance.

The practice offered extended access evening appointments from 6.30 until 8.30pm on Mondays at Caythorpe Surgery and Tuesdays at Ancaster Surgery. These appointments were particularly useful to patients with work commitments.

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The CCG is responsible for commissioning

Detailed findings

services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated by changing the language options. This enabled patients where English is not their first language to read the information provided by the practice.

We inspected the following location where regulated activities are provided: -

Caythorpe and Ancaster Medical Practice, Ancaster Surgery, 12 Ermine Street,

Ancaster, Grantham, Lincs NG32 3PP and the branch surgery Caythorpe Surgery, 52 High Street, Caythorpe, Grantham, Lincs. NG32 3DN

Caythorpe and Ancaster Medical Practice had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

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.

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.

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 21 April 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- We observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with four members of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

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

Detailed findings

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



Are services safe?

Our findings

At the inspection we found that patients were protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong. The practice had comprehensive systems in place to keep people safe which took into account current best practice.

Safe track record and learning

The practice had robust systems in place to report and record incidents and 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).
- The significant events were recorded on a spreadsheet and reviewed at regular weekly or monthly meetings dependent of the severity.
- All significant events were assessed and rated by the severity of concern/injury caused to a patient, carer or member of staff as well as the likelihood it might occur and a colour coded system from green to red. They code SEAs using a traffic light system (red, amber, green) according to the potential impact on patient care and, where appropriate, share the outcomes of SEAs with the local CCG using a clinical risk referral process or with the National Patient Safety Agency or other agencies where appropriate.
- SEAs were embedded within every clinical meeting whereby the practice both reflect on the implementation of learning arising from previous SEAs as well as present new SEAs for discussion and actions.
- We saw evidence that safeguarding concerns had been discussed, as SEAs, at recent meetings. For example, a complaint raised by East Midlands Ambulance Service (EMAS), with respect to a nursing home patient and a baby, not registered at the practice but identified as requiring immunisations.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were

discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice were notified of an alert they are referred on to the practice "Alert" team for a risk assessment as to their relevance to the practice and then were acted upon. Where relevant, an action plan was cascaded, via the practice IT system to all relevant groups. A log of actions was maintained on the practice intranet so that all clinical staff and dispensers know what actions had been taken. We saw examples of recent actions included audits of patients with raised blood pressure, patients on medicines for epilepsy and those who were of a childbearing age. They demonstrated that improvements had been made to patient outcomes. Systems were also in place to deal with any medicines alerts or recalls, and records kept of any actions taken

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

We saw evidence that the practice had reviewed actions from dispensary significant events. Appropriate learning had taken place where necessary and findings were disseminated to relevant staff. We found a number of incidents had been reported including issues relating to medicines dispensing and a cold chain failure. The notes included actions that had been taken in response to the incidents to reduce future recurrence and improve patient safety. For example we saw appropriate handling of a dispensing error which resulted in a review of the standard operating procedures (SOP) and use of patient alerts.

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 an overall lead member of staff for safeguarding at the Ancaster Surgery and a deputy lead at Caythorpe Surgery to ensure clear and visible leadership. The GPs attended safeguarding meetings when possible and always



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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 and nurses to level 2. Dispensary staff had a good awareness of adult and child safeguarding concerns and described how they would report any concerns. All staff had training appropriate to their role.

- Following an SEA in December 2015 the practice became aware that there were data recording issues within the patient electronic records which was shared by the local Community Health Trust. This meant that the practice safeguarding register did not correspond with that of the Health Visiting team. Following a review of the SEA a GP who was the practice clinical IT lead liaised with the practice information technology provider, the Lincolnshire Safeguarding Children Board and the Community Trust to resolve the problem. The practice was now reviewing and reconciling their Safeguarding register to ensure that it is both accurate and up to date.
- 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 All staff, including reception, health care assistant and nursing staff were trained as chaperones and trained using an in-house package developed by a GP partner. Part of this training package included a practical demonstration of the role of the chaperone using a “dummy” patient. The chaperone-training package had been shared with some other practices within the local CCG. The names of these staff were recorded in the practice chaperoning policy.
- The practice maintained appropriate standards of cleanliness and hygiene at both surgeries. 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had opportunities for continuing learning and development
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process and (these were written instructions about how to safely dispense medicines).
- The practice operates from two sites and dispenses medicines to 97.2% of their population. At the main site a robotic dispenser was used to improve accuracy and efficiency of the dispensing process. At the second site a bar code scanner was used. Staff at both sites described a process for ensuring second checks when dispensing certain medicines for example Controlled Drugs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The practice had developed safe systems to ensure monitoring of high risk medicines was kept up to date to keep patients safe. A small number of staff oversaw this system which reduced the risk of potential errors.
- Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued.
- Records showed that dispensary refrigerators and room temperatures were checked daily which ensured medicines were stored at the appropriate temperature. Dispensary staff were able to describe the actions to take in the event of a cold chain failure.
- Whilst repeat prescriptions were not routinely signed prior to patients collecting medicines, the practice had completed a risk assessment of their prescribing



Are services safe?

processes. At our inspection the practice recognised their processes fell outside current guidance and immediately changed these to ensure repeat prescriptions were signed before issuing.

- The practice had a robust system in place which ensured that blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The dispensary staff offered reasonable adjustments to the dispensing process where necessary, for example, provided monitored dosage systems (MDS) following clinician and dispenser assessment of need. We saw evidence of best practice where they had considered other options for helping a patient before using MDS, in accordance with the evidence that MDS was not necessarily a good way to improve compliance or safety.
- A GP had embedded safety systems into the electronic patient record. For example, the most recent kidney function test results were displayed when medicine changes were needed in response to an alteration in blood test results.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient group directions (PGDs) are specific written instructions for the supply or administration of a licensed named medicine including vaccines to specific groups of patients who may not be individually identified before presenting for treatment.
- The practice also used patient specific directions (PSD) for health care assistants to administer medicines. We saw an example of a PSD used for the annual influenza clinics which had been signed by a GP. A PSD is an instruction to administer/supply a medicine written in the patient's notes this also includes an electronic record made in the notes where it is identifiable to the prescriber. A PSD can also be an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber.
- We reviewed seven 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

Risk management was comprehensive, well embedded and there was recognition that it was the responsibility of all staff that worked at the Caythorpe and Ancaster surgeries.

- There were robust procedures in place for monitoring and managing risks to patient and staff 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 surgery had arranged a medicines delivery service to patients in their own homes and to secure collection sites in surrounding villages. Appropriate risk assessments had been undertaken for these sites and security and confidentiality had been assured. The surgery had a robust process to ensure prescriptions were tracked between the delivery sites and the dispensaries.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as lone working, staffing, emergency home visit bags, disclosure and barring service and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Robust 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 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 both sites along with oxygen with adult and children's masks. A first aid kit and accident book were available.



Are services safe?

- Emergency medicines were held at the practice in a secure, easily accessible area and all staff knew of their location. We saw that checks were undertaken to ensure they were available and within their expiry date. All the medicines we checked were in date.
- The practice had a comprehensive service continuity plan and risk assessment. This was in place for major incidents such as computer loss, 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. For example, cancer referrals, hormone replacement therapy and care of patients with Type 2 diabetes.

- The practice had systems in place to keep all clinical staff up to date. They reviewed all NICE guidance relevant to general practice and then allocated to the most appropriate clinician in the practice to review and share at practice meetings. We saw evidence that staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidance updates were a standing item on practice clinical meetings.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records. We saw that NICE guidance was integral on the practice patient record system, for example, NICE guidance and a template for a febrile child. This enabled the clinician to work through the template and a traffic light system had been added to ensure that the patient was given the right care at the right time.
- A GP within the practice had added two templates to the patient electronic record system in relation to war veterans and patients who used firearms. We saw that these templates guided the clinician to questions to give some consideration in relation to social and mental health and also linked external organisations, for example, post-traumatic stress disorder (PTSD) and the British Medical Association guidance on firearms. The firearms template pulled together any issues concerning mental health and police reports. The patient electronic system flagged up any patient who had a firearms certificate which alerted clinicians to look at this with safety in mind. The practice kept a register of current and previous fire arms certificates.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for

patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 9.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for QOF (or other national) clinical targets. Data from 2014/15 showed;

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.4% which was 0.1% above the CCG average and 1% above the national average. Exception reporting was 10.3% which was 5.1% above CCG average and 5.1% above national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma was 72% which was 6% below the CCG average and 3.3% below the national average. Exception reporting was 3.9% which was 1.5% below the CCG average and 3.6% below national average.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 82.4% which was 3.6% below the CCG average and 1.2% below the national average. Exception reporting was 5.2% which was 1.3% above the CCG average and 1.4% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 93.2% which was 4.3% above the CCG average and 3.4% above the national average. Exception reporting was 6.3% which was 2.5% below the CCG average and 4.8% below national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87.3% which was 1.8% below the CCG average and 3.3% above the national average. Exception reporting was 11.3% which was 4% above the CCG average and 3% above the national average.

Are services effective?

(for example, treatment is effective)

- The dementia diagnosis rate was 100% which was 18.1% above the CCG average and 18.5% above the national average. Exception reporting was 35.7% which was 29.8% above the CCG average and 27.3% above national average. Following a practice review of dementia screening/assessment in October 2015 the practice had implemented new measures to improve the screening and initial assessment. They utilised an algorithm on their clinical software that alerted the practice to those patients who were considered to be at high risk of dementia.

All staff were actively engaged in the monitoring and improving quality and outcomes. The practice were aware of the challenges faced in relation to attaining QOF points and encouraging patients to attend for appointments and reviews. When the score was below CCG and national averages the practice continued to look at ways to improve patient attendance.

Clinical audits had been carried out and these demonstrate improvements in outcomes for patients. The practice considered which audits they would complete based on areas such as NICE guidance, recommendations from the local clinical commissioning group and medicine safety alerts.

- The practice had an audit plan which identified which audits had taken place over a number of years for example, infection control, patient access, minor surgery and medicine audits. .
- The audits we reviewed were well written and included standards and criteria which were all evidenced based.
- There had been twenty audits completed in the last year of which 12 were clinical audits. Of the 12, two of these were completed audit cycles where the improvements made were implemented and monitored.
- One completed audit cycle looked at the adherence to MHRA) guidance on the use of a medicine for nausea and vomiting which could cause serious cardiac side effects. The completed audit cycle identified that the number of patients being prescribed this medicine over a period of six months had been reduced and those that remained on it had been advised of the side effects.
- Staff in the dispensary had completed a number of dispensary audits including one which looked at labelling standards. This resulted in changes in practice to ensure accuracy and prescription tracking. A subsequent re-audit demonstrated improvement.
- The practice was run by long established GP partners. They met on a weekly basis to discuss the needs of patients.
- The NHS England Primary Care Web Tool data (July 2015) highlighted that the practice had a significantly lower than average admission rate for overall emergency admissions, A&E attendances, emergency asthma and COPD admissions, emergency diabetes admissions and dementia admissions and emergency cancer admissions.

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. We saw that it 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 and the dispensary staff had also received detailed assessments of their competence.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included access to medical records, care plans, investigation and test results. Information such as NHS patient information leaflets were also readily available through the computerised system. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- The practice had a proactive approach to communication and multi-disciplinary working and had identified an issue in regard to the patient electronic record system and the identification of patients who had ongoing safeguarding concerns. They had informed all the relevant organisations and work was taking place by all multi-disciplinary teams to put extra measures in place to ensure that records made on patients records could be seen by all members of the team.
- 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.
- The practice monitored a number of drugs under a shared care protocol e.g. medicines used in Rheumatology and Community Paediatrics. Following an SEA concerning a new patient who registered with the practice who was on Methotrexate, the practice reviewed its systems for monitoring such drugs. They developed the concept of a "Specialised Drug Monitoring Team" who take primary responsibility for overseeing the monitoring of such drugs and now had in-built safety alerts in their clinical IT system. This ensured that when such medicine was prescribed a number of checks had to be gone through to ensure that the patient was being adequately monitored so as not to compromise their safety.

- Meetings took place with other health care professionals on a three monthly basis at each surgery 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. Staff attended an interactive case-based training session at a full practice meeting in February 2015 on the Mental Capacity Act 2005. As from April 2016 all new medical staff were offered training in DoLS using online training. 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, for example, minor surgery audit.

Supporting patients to live healthier lives

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

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer letter and telephone reminders for patients who did not attend for their cervical screening test. 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice website had recently been updated to reflect changes in the national screening programmes. The practice also used the waiting room information boards / TV information

Are services effective?

(for example, treatment is effective)

screen to promote the screening programme group newsletter to promote the screening programme. For example, in January they featured the cervical cancer screening prevention week.

- Childhood immunisation rates for the vaccinations given were comparable to national averages for most immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 94% and five year olds from 77% to 94%. The practice were aware that their immunisation uptake for PCV booster and MMR was lower than CCG average. In response to this they analysed the data at a clinical meeting in October 2015. They made changes to their practice procedures and new patient registration to ensure that immunisation status was documented at

registration. The practice lead would then contact the parent/guardian to encourage them to attend for any outstanding immunisations. The practice has a number of families who were from the circus community and travel around the country. They were asked to inform the practice if immunisations were given elsewhere so that the practice can maintain an up-to-date and accurate register of immunisation.

- 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 found throughout the inspection, when talking to staff, that delivery and high-quality patient care was central to the ethos of the practice.
- 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 patients who had completed the comments cards told us they had been with the practice for many years and appreciated the care and treatment given by staff. Ninety one of the 94 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. They also said that staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they were very well supported and listened to by the practice. All were satisfied with the care provided by the practice and said their dignity and privacy was respected.

From discussions with clinical staff we heard of good examples of patient focussed care and staff were able to describe examples of good quality care. For example, going the extra mile for patients who received palliative care.

Results from the January 2016 national patient survey showed a high level of satisfaction of patients with the practice. Patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received 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

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 slightly above local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language or often a family member would translate for them.
- Information leaflets were available in easy read format and were provided in larger fonts or electronically if requested.
- The practice website had a function that allows automated translation into many languages.

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 1.2% of the

practice list were carers. In 2015 the practice reviewed their processes for identifying and supporting carers as they realised that their numbers were low for their patient population size. As a result they had updated their carers protocol and in late 2015 appointed a "Carers Champion" at each surgery of the practice. The role of the Carers Champion within the practice was to pro-actively identify carers at registration and support carers with information advice and support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, 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

We found that that the practice had made patient needs and preferences central to its systems in place to ensure flexibility, choice and continuity of care. 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. For example,

- The practice offer extended access evening appointments from 6.30 until 8.30pm on Mondays at Caythorpe Surgery and Tuesdays at Ancaster Surgery. Appointment times were extended to fifteen minutes, to allow patients who may not be able to attend regularly, due to work commitments, to discuss a number of issues if needed in one consultation.
- Both surgeries had a daily “sit-and-wait” surgery which begins 12 noon. This enabled patients to be seen on the day when all bookable appointments were full.
- Telephone consultations were available where a doctor or nurse could assess and respond to the query and, where appropriate, generate a prescription without the patient needing to attend.
- There were longer appointments available for patients with a learning disability and for those with long term conditions.
- Patients with a learning disability were offered an extended twenty-minute appointment with the HCA followed by a twenty-minute appointment with a GP to allow adequate time to perform a comprehensive health assessment.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice also promoted healthy eating. For example, in patients who had diabetes. The practice referred patients for exercise on prescription, and to weight loss groups. A GP partner, with the support of Lincolnshire County Council, introduced a “Bicycles for exercise programme” The practice purchased 13 electric bicycles and these were loaned to identified “at-risk” patients to encourage them to become more physically active. The practice used their medicine delivery service to deliver these to patients. We were told the feedback from this project was very favourable and patients continued to cycle and become physically fitter.
- A GP partner, with support from local agencies, had helped to develop local walking groups. These were initially surgery based but had now become autonomous and self-sustaining under the “Walk for Life” scheme. They now had active weekly walking groups based in both Caythorpe and Ancaster surgeries. Independent research by Sheffield Hallam University (The value of walking – an ethnographic study of a Walking for Health group, Gordon Grant April 2015) had validated the success of this programme. These groups were promoted through the practice website, information in the waiting rooms and through Patient Group newsletters.
- There were innovative approaches to providing integrated person-centred care. For example, the practice worked closely with the Neighbourhood Team (A CCG initiative) who identified those most at risk of health and social care problems and decide how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The team brought together local health and social care professionals from different specialties (who may have been looking after the same patient individually) into a single patient-focused team.
- A GP within the practice had developed two templates within the patient electronic record system in relation to the health care needs of war veterans and patients who used firearms. This included the social and psychological factors that could affect their lives. Links to support groups and referral pathways were included within this template to ensure that all their healthcare needs were met. We saw that these templates guided the clinician to questions to give some consideration in relation to social and mental health and also linked external organisations, for example, post-traumatic stress disorder (PTSD) and the British Medical Association guidance on firearms. The firearms template pulled together any issues concerning mental health and police reports. The patient electronic system



Are services responsive to people's needs?

(for example, to feedback?)

flagged up any patient who had a firearms certificate which alerted clinicians to look at this with safety in mind. The practice kept a register of current and previous fire arms certificates

- The practice had specifically highlighted cancer awareness over the last 12 months through a feature on the practice website which highlighted the presenting symptoms of common cancers. The practice collaborated with the Early Presentation of Cancer (EPOC) programme (which is a collaboration between EPOC and the NHS) to highlight awareness of cancer in the wider community.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care that met their needs and promoted equality. For example, the practice had a significant group of patients who lived within a circus community in a village close to the practice. The practice endeavoured to be flexible in accommodating them with appointments, which fitted in with their lifestyle, for example to organise medication reviews or diabetic annual reviews during the winter months. They also provided individual patients with clinical summaries/letters to facilitate access to health care when they were travelling
- The practice also had a small group of patients who lived in a caravan community in a village near the practice. In April 2016 the lead practice nurse had reviewed the patient care records of the patients registered with the practice and had taken additional steps to encourage vaccinations. A form had been produced which asked for immunisation data on patient registration and was checked on the first appointment. Liaison with the local health visitor was in place to increase health promotion and immunisation uptake.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and hearing loops available at both Ancaster and Caythorpe surgeries.
- The practice is accessible to patients with reduced mobility through powered entrance doors at both Ancaster and Caythorpe surgeries. Disabled parking is available at Ancaster Surgery.

Access to the service

Ancaster Surgery is open from Monday 8am to 6.30pm Monday to Friday. Patients can book appointments by phone, online or in person. GP appointments were available from 9-12noon and 3.30pm to 5pm Monday to Friday. Nurse Appointments were available from 9.10am to 12.30 and 3.30pm to 5pm. There was also a 'sit and wait' clinic which started after morning surgery if an urgent appointment was required on the day. Appointments could be booked up to four weeks in advance.

Results from the January 2016 national patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to or better than local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 92% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 70% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 59% and national average of 59%.

Comments cards we reviewed aligned with these views.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that a summary leaflet was available to help patients understand the complaints system.

The practice had six complaints from April 2015 to January 2016. We looked at two complaints received in the last 12 months and found they were dealt with in a timely way with openness and transparency.

All clinical complaints were discussed as Significant Events and subject to peer review. The response to the patient was co-ordinated by the lead clinician /senior partner and



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

includes the outcome of the SEA. Key learning themes were disseminated to the appropriate teams e.g. the importance of timely responses to tasks sent to clinicians by the reception team.

Lessons were learnt from individual concerns and complaints and also from analysis of trends action was taken to as a result to improve the quality of care. For example, learning points / outcomes were shared with the relevant team.

Are services well-led?

Outstanding



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

Our findings

We saw that the leadership of this practice combined with governance and culture were used to drive and improve the delivery of person-centred care.

Vision and strategy

- The practice had a vision and strategy in place to ensure that their services and the environment in which they were provided were of high quality, caring, safe and effective and well led. They aimed to show their patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem
- The vision and strategy was supported through frequent meetings that facilitated good communication to all staff groups. The practice held regular partner, clinical team meeting to ensure regular engagement took place which ensured all staff groups knew and understood the vision and values.
- All staff we spoke with felt engaged in this vision and strategy through regular practice meetings and a strong team culture at the practice. They felt extremely valued and involved in the maintaining the practice ethos.
- A systematic approach was taken to working with other organisations to improve care.
- From a patient perspective we found the practice was working extremely well and in keeping with its practice ethos which was to make patients their priority, maintain and preserve patient safety and value their staff.

Governance arrangements

Governance and performance management arrangements were proactively reviewed. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There were documents that set out the leadership structure with members of staff allocated various areas of responsibility.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

- The practice was well organised and made effective use of electronic systems to ensure information was well documented for future reference and follow up.
- There was a genuine open culture in which all safety concerns raised by staff and patients who used the service were highly valued and we saw evidence that these were integral to learning and improvement.
- Clinical and internal audit processes were robust and had a positive impact in relation to quality governance with clear evidence of actions to make improvements and resolve concerns.
- 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 and practice manager 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 and practice manager 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 ensured that the patients were protected by a strong comprehensive safety system with a focus on openness, transparency and learning when things went wrong. The level and quality of incident reporting demonstrated that all staff were open and fully committed to reporting incidents and near misses.
- Monthly data on access and availability of appointments was collected by the practice manager. This was reviewed and adjustments to the appointments system was made to take account of this.
- The practice had reviewed data in regard to immunisations provided by the Lincolnshire clinical

Are services well-led?

Outstanding



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

governance group. In 2015 the practice saw that their immunisation uptake for PCV and MMR was lower than CCG average. They noted that there may be specific demographic reasons but had redesigned their immunisation call and recall systems to make them more robust and personalised.

- We saw detailed and specific standard operating procedures (SOPs) in the dispensary. There was evidence that the GPs within the practice actively collaborated with the dispensary staff in the production of SOPs. We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to an annual review.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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. Staff turnover was very low and some staff had been in the practice for a long time.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improving access (particularly to a female doctor), physical access to Caythorpe Surgery, clearer signage and in developing a new more informative and user-friendly website. The practice had responded positively to each of these

issues by employing a new salaried GP, modifying extended access surgeries, installing a new automated external door, improving internal signage at Caythorpe and in developing a new web-site.

- The practice participated in the Family and Friends testing (FFT). The reception team at the practice promote FFT in the waiting room and the patient participation group (PPG) hold regular sessions in the practice to encourage patients to participate and give the practice feedback.
- The PPG published a newsletter every three months to help inform and engage patients. The printing of the newsletter was funded by the practice and it was distributed in the waiting room, by the practice medication delivery service, and by a distribution network of volunteers within the PPG. Recent editions had highlighted the role of individual doctors in the practice, the practice as a training practice, the role of the Care Quality Commission (CQC) as well as hot topics. Minutes of PPG meetings and feedback reports were available on the practice website.
- The practice had gathered responses from patients during Patient Group led 'Friends and Family sessions' / feedback survey sessions held in waiting rooms at both Ancaster and Caythorpe surgeries during May 2015. Actions were planned in partnership with the PPG, for example, emergency appointments through a sit and wait clinic to be held at the end of each morning session at both practices.
- The practice had gathered feedback from staff. In 2015 staff were invited to take part in a Medical Protection Society audit on overall practice safety culture and the results were presented at a full practice meeting in May 2015. Overall the results were very positive but one area identified for development was that of informing staff of errors and mistakes.
- In January 2015, the practice ran a staff survey which looked at what staff felt the practice did well and what they could do better under the Care Quality Commission (CQC) headings of Safe, Effective, Caring, Responsive and Well-led. We saw that the results were disseminated to all staff with key action points such as lack of information in the waiting room and the management of test results acted upon.

Are services well-led?

Outstanding



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- The practice encouraged on-going feedback from patients and staff and regularly audited the quality of care they provided. This information was highlighted on the practice web site. They promoted a whole practice culture of shared learning in response to feedback with the aim of constantly improving their processes and systems to deliver better quality care. For example, the 2015 National GP Patient Survey was presented to a full practice meeting in December 2015 so that all staff were aware of the feedback data and were able to reflect on it. In response to this, together with feedback about access to appointments and workload pressures they reviewed their consultation and workload patterns and analysed the access problems. They aimed to appoint a nurse with specialist skills in long term conditions. They had also employed an additional Health Care Assistant, reviewed their extended access surgery arrangements so as to offer patients a wider range of access to include access to a nurse/HCA as well as to a doctor, and plan to appoint another associate doctor in the near future.
- Continuous improvement and learning was highlighted at part of the practice's vision and strategy. There was a culture within the practice of identifying opportunities for learning. All staff understood the importance of identifying and reporting anything that could lead to improvements such as significant events.
- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, in response to the national workforce recruitment crisis, the practice planned to engage with the Lincolnshire GP Fellowship scheme to nurture post GP registrars in their professional development with the aim of attracting them to work longer term in the SouthWest Lincolnshire CCG.
- A GP partner had extensively researched the benefits of home blood pressure monitoring. He sat on the East Midlands Hypertension Project Group which sought to improve hypertension management in the region and shared the expertise of hypertension management gained through his work in the practice.

Continuous improvement

- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.