

Cedar 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 Cedar Medical Practice on 21 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with urgent appointments available the same day and they could usually see their preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.94.6%87.9%88.6%.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- They 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the Elderly Care Fund Enhanced Service and all registered patients aged 75 or over had a named accountable GP.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All of these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw good examples of joint working with midwives, health visitors and school nurses.

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 they offered. This ensured they 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.
- Extended hours with pre-bookable appointments were available on a Saturday between 9am and 12pm.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- The practice had strong links with local care homes, which specialised in providing elderly and nursing care.

Good



People experiencing poor mental health (including people with dementia)

Good



Summary of findings

- The practice has signed up to the dementia enhanced series where 'at risk' patients had been identified. 92.7% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.
- Mental health workers deliver clinics within the practice.

Summary of findings

What people who use the service say

We spoke with six patients during the inspection and received 81 completed Care Quality Commission (CQC) comments cards in total. All of the patients we spoke with said they were happy with the service they received.

Results from the National GP Patient Survey July 2015 (from 113 responses which is equivalent to 3.9% of the patient list of 5745) demonstrated that the practice was performing above or in line with local and national averages.

- 75% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 51% and national average of 60%.
- 93% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 86% and national average of 87%.
 - 85% of respondents felt they don't normally have to wait too long to be seen compared with a CCG average of 59% and national average of 58%.
 - 91% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 87%.
 - 86% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and national average of 65%.

- 91% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 68% and national average of 73%.
- 91% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 87%.

The practice had a Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice PPG met quarterly. There was a virtual Patient Reference Group for those patients that have difficulty attending the PPG meetings and this group had a younger demographic. We attended a PPG meeting during the inspection and also spoke with six members of the PPG who told us they were actively involved with the practice and could not fault the care they receive.

Patients we spoke with told us they were aware of chaperones being available during examinations. They told us staff were helpful and treated them with dignity and respect. We were told that the GPs, nurses and reception staff explained processes and procedures and were available for follow up help and advice. They were given printed information when this was appropriate.

Cedar Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser as well as a second CQC Inspector.

Background to Cedar Medical Practice

Cedar Medical Practice is situated in Scunthorpe and provides service under a general medical services (GMS) contract NHS England, North Lincolnshire to the practice population of 6,400, covering patients of all ages and population groups. The practice also operates a branch surgery in Scunthorpe Town Centre.

The practice has three GP partners and a salaried GP. There is a practice manager supported by a team of reception and administration staff, one nurse practitioner, two practice nurses, one health care assistant and one phlebotomist.

The practice is a teaching and training practice taking year 5 medical students and GP trainees of the Health Education Yorkshire and the Humber School of Primary Care.

The main practice is open 08.00 – 18.30 Monday to Friday and 08.00 – 12.00 on a Saturday. The branch practice is open 08.00 to 12.00 Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact the 111 service.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2015.

During our visit we:

- Spoke with a range of staff including 3 GP's, a nurse practitioner, a practice nurse, the practice manager and a number of administration/reception staff and spoke with patients who used the service.
- Attended a Patient Participation Group meeting and had discussion with members of the PPG.
- Observed the interaction between staff and patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of records.

Detailed findings

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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of their significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. These were discussed at the most relevant meetings, whether that be monthly practice meetings, nursing meetings or administration meetings. An example included abnormal blood results for a patient not known to be diabetic. The patient did not contact surgery for the results and they were filed with actions to see diabetic nurse. This action was however missed. Once identified the procedure was reviewed and changed and a system implemented whereby all patients with abnormal results were contacted either by phone, letter or sent an appointment.

When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included: adults. There was a lead member of staff who was one of the GP's.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. 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 relevant to their role. GPs were trained to Safeguarding

level 3. We saw there had been occasions when on the basis of information shared during consultations issues had been referred to the local authority child protection team.

- All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored, although this could be strengthened further with the logging of serial numbers. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found that 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

Are services safe?

reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

- 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 that enough staff were on duty, which was being constantly monitored and also took into account the needs of the branch practice.

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 did not hold emergency equipment such as a defibrillator; this was due to how close they were to the local general hospital. A discussion took place in regard to putting a risk assessment in place for this.
- All the medicines we checked were in date and fit for use.

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 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 peoples' 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 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 97% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 7.7% which was below the local CCG and the same as the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 2.7% below the CCG average and 2% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, which was 0.8 % above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 100%, which was 8.7% above the CCG and 7.2% above the national average.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was better than the CCG and national average of 92.7%, compared to the CCG average of 11.8% and national average of 8.7%.

The practice had signed up to enhanced services including the Elderly Care fund where over 75's had a named GP and where appropriate a comprehensive and coordinated package of care.

The practice also worked with local care homes providing support and advice as necessary. The GP's and nurses carried out annual health checks and administered flu vaccinations as well as diabetic checks and where necessary took blood for investigations.

Due to the change in podiatry services staff had undertaken additional training this enabled them to carry out foot checks for patients with diabetes.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, four of which had a second audit cycle completed. Improvements made were implemented and monitored for example following the atrial fibrillation audit.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the gout audit lead to the practice formulating a practice protocol adopted from the British Society of Rheumatologist Guidelines 2007.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions

Are services effective?

(for example, treatment is effective)

and taking samples for the cervical screening programme. The practice was in the process of obtaining further vaccination training so that nursing staff could receive their required updates.

- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with community matrons, community dieticians and McMillan nurses and that care plans were routinely reviewed and updated. We saw that regular diabetes reviews were completed and there was open access to a specialist diabetes nurse at the local hospital.

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 had received training in regard to this legislation. 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audit to ensure they met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who could be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 100%, which was 1.2% above the CCG average and 2.4% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

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

under two year olds ranged from 94.3% to 97.1% and five year olds from 94.8% to 100%. Flu vaccination rates for the over 65s were 67.73% and at risk groups 49.33%. These were below national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors had been identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 81 patient CQC 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 also spoke with six members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We observed staff being calm and caring when an urgent medical situation arrived at the reception. The patient was treated with discretion and empathy. An alert was sent to the doctors who responded swiftly.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

Carers told us more vulnerable patients who were always escorted by a carer were treated with dignity and respect and fully involved in their consultation.

Data from the National GP Patient Survey July 2015 showed from 113 responses that performance in many areas is higher than local and national averages for example;

- 95% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 88% and national average of 89%.
- 93% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of

86% and national average of 87%. Similarly, 96% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and national average of 92%.

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.

However, the percentage of respondents who had confidence and trust in the last nurse they saw was slightly lower (95%) compared to with the CCG average of 97% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were higher than local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 81%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient and carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

Are services caring?

- 93% of respondents say the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 86% and national average of 87%.

Reception staff had received appropriate Carers Awareness training and the practice had a Carers Champion. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer so extra consideration and allowances could be made. Written information was available for carers and the practice had links with the local Carer's Support Centre.

Posters, prescriptions and other communications asked patients to inform the practice if they were carers. The patients we spoke with on the day of our inspection and

the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Staff told us that if families had suffered bereavement or a diagnosis of cancer, 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.

Other examples of how the practice demonstrated that it was caring included the practice paying for a piece of physiotherapy equipment that a patient could not afford to purchase. They also paid for the occasional taxis for patients.

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. Partner's involvement with the CCG also included cancer lead, elderly care service such as geriatric assessment service and falls assessments, healthy living healthy futures and education of the primary care workforce of North Lincolnshire.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 08.00 and 18.30 Monday to Friday. Appointments were from 08.30 to 11.00 every morning and 15.00 to 17.00 daily. Extended hours surgeries were offered between 09.00 and 12.00 every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments 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. People told us on the day that they were were able to get appointments when they needed them.

- 85.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 74.9%.
- 91.2% patients said they could get through easily to the surgery by phone (CCG average 68.4%, national average 73.3%).
- 86.3% patients described their experience of making an appointment as good (CCG average 70%%, national average 73.3%).
- 86.4% patients said they usually waited 15 minutes or less after their appointment time (CCG average 63.4%, national average 64.8%).

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 information was available to help patients understand the complaints system within the practice leaflet and on display within the waiting area as well as on the practice's website.

We looked at the two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. There was openness and transparency from the practice when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff were well able to discuss the vision and values of the practice and were able to talk about 'Our promise to the patients'. All staff we spoke with were passionate about delivering the best service possible to their patient population.
- 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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which 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, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example;

- The appointment of a female GP
- Limited car parking for which planning permission had been granted to extend the existing car park

Are services well-led?

Good 

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

- New Patient application form asked if the patient was a veteran.
- Patients told us the out of hours service was easy to access via the practice's usual telephone number.
- Longer appointments were offered to parents accompanying children and people who used mental health services.
- Patients told us how the practice worked with other agencies to improve the care for their patients e.g. reviewing medication with CCG Pharmacist, working with Carer's Support Centre. Worked with Hull and York Medical School; and also encouraged work experience and placements from other professions.

Continuous improvement

There was a strong 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.

- Training was a key area within the practice for all staff and also for GPs in training. They were part of the GP Training Programme and clinical tutors for 5th year medical students from Hull and York Medical School. They were also providing mentoring for nurse practitioners as well as providing placements for student nurses and apprenticeships.
- Partners were chair and vice chair of the North Lincolnshire GP Federation 'Safecare Network Ltd'.

The practice used the productive general practice tool to improve patient outcomes and care delivery and had achieved 'Best Improvements in Quality'.