

Hawthorn 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 Hawthorne Medical Practice on 8 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However there was no evidence to show that all members of staff were involved in the learning from such events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- GPs did not always have access to patients test results prior to issuing repeat prescriptions for some medicines.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- There was limited evidence that the practice proactively sought feedback from patients.
- The provider was aware of and complied with the requirements of the duty of candour.

However there are areas where the provider should make improvements;

The provider should;

Summary of findings

- Ensure that GPs always have access to test results prior to issuing repeat prescriptions for certain medicines.
- Take positive steps to engage with patients .
- Ensure that all staff have the opportunity to learn from serious events .
- Consider a formal process of providing support for bereaved patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events but lessons were not shared throughout the practice to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- High risk medicines were effectively monitored although the results of some test procedures were not always available to GPs prior to repeat prescriptions being issued.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Effective systems were in place to ensure the safe recruitment of staff
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 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



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice did not hold meetings for all members of staff to proactively seek feedback from staff.

Good



Summary of findings

- It had proved impossible to keep the patient participation group active, although there was a small 'virtual group'.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All over 75s had a named accountable GP
- The practice offered a range of tests appropriate to older people such as 24 hour blood pressure monitoring and pulse checks at flu clinics.
- The practice offered a dedicated phone line into the surgery for nursing and residential care homes, community healthcare staff and the ambulance service.

People with long term conditions

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

- A nurse practitioner had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The clinical indicators for patients with diabetes were comparable to CCG and national averages.
- Longer appointments and home visits were available when needed.
- Effective call and recall procedures were in place for patients with long term conditions.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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.

Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were comparable to other practices
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and community 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 it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services such as repeat prescription ordering and booking of appointments as well as a full range of health promotion and screening that reflected the needs for this age group.
- A wide range of health promotion material and advice was available via the practice website.
- The practice did not close its doors at lunchtime, allowing working people the opportunity to visit during their lunch break.
- Prescriptions were sent electronically to pharmacies to avoid the need for patients to visit the surgery to collect paper prescriptions.

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 those with a learning disability.
- Travellers and homeless people were accepted as patients despite them not having a fixed place of abode.
- The practice offered flexible appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients who were addicted to drugs were given a named contact at the practice who they could speak to directly.
- The practice made a room available to allow community staff to see patients in familiar surroundings.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The clinical indicators for patients with for mental health conditions were better than CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All staff had received training in dementia awareness and were working towards becoming 'Dementia Friends'
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as talking therapies and cognitive behavioural therapy.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 108 were returned. This represented a return rate of 45%.

- 39% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 62%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the CCG average of 73%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 83%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and the CCG average of 72%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care and the attitude and friendliness of the staff. One commented upon the difficulty in getting an appointment and one upon seeing the GP of their choice.

We reviewed the results of the Friends and Family Test from January 2015 to August 2016. Of the 266 responses, 249 stated that they were either likely or very likely to recommend the practice to friends and family. This represented 94% of those patients who had responded.

We also received information from the CCG who had carried out a listening clinic at the practice on 19 July 2016. They had spoken to 17 patients. 81% of the feedback was overall positive. Some patients were less positive about access to appointments and getting through to the practice by telephone.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should;

- Ensure that GPs always have access to test results prior to issuing repeat prescriptions for certain medicines.
- Take positive steps to engage with patients .
- Ensure that all staff have the opportunity to learn from serious events .
- Ensure that staff do not undertake any chaperoning duties prior to the practice being made aware of a satisfactory DBS check.
- Consider a formal process of providing support for bereaved patients.

Hawthorn 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.

Background to Hawthorn Medical Practice

Hawthorn Medical Practice provides primary medical services under a general medical services contract to 13,889 patients in Skegness and the surrounding villages. The practice has a branch surgery in the village of Burgh le Marsh that was not visited during the course of this inspection.

The practice moved into the purpose built surgery 13 years ago and is located in an industrial estate on the outskirts of the town. The surgery benefits from spacious waiting rooms and good access for wheel chair users and mothers with pushchairs. It has a large car park. Part of the building is occupied by community nursing services and a community pharmacy is also attached.

Skegness is a major holiday resort and the summer months see a large increase in the population from its normal 19,000. Some 4.9 million visitors (visitor days) are attracted to the Lincolnshire coast annually, many of whom are accommodated in one of the 27,000 or so static caravans.

The area covered by the practice has pockets of deprivation and is in the second most deprived decile. Full time gross pay is considerably below regional and national averages. The practice population contains a higher number of people aged 55 and over and fewer younger people than

the national average. Life expectancy for both males and females is lower than the CCG and national averages. The number of patients with long term conditions and co-morbidities are higher than the national average.

The practice has seven male GPs, a female nurse practitioner, three female nurses and two health care assistants. They are supported by a team of receptionists, administration and dispensary staff.

The reception opening hours are 8:00am to 6:30pm Monday to Friday. The practice is closed Saturday and Sunday. Appointments with GPs 8.20am to 11.50am and 2pm to 5pm. Nurse appointments are available from 8.30 am to 12.30pm and 1.30pm to 5.30pm The practice does not provide extended hours access.

The branch at Burgh le Marsh is open from 8am to 5.30pm daily except Thursday when it closes at 12noon. The branch is closed daily for lunch from 12.15pm to 1.45pm.

When the practice is closed GP out-of-hours services are provided by Lincolnshire Community Health Services NHS Trust.

The Burgh le Marsh branch has a dispensary providing the service to 2,490 patients who are eligible.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 8 September 2016. During our visit we:

- Spoke with a range of staff including GP partners, nurses, receptionists and administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that although learning points were identified there was no evidence that the members of staff involved in these events had been involved in the process or that the learning points had been cascaded to staff to help prevent re-occurrence.

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. A GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate child protection and child safeguarding levels.

- A notice in the waiting room and an entry on the practice website advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control 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. We saw evidence that annual infection control audits were undertaken and action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines, however we saw that INR testing of patients receiving anti-coagulant drugs had been commissioned by the CCG from another GP practice. This meant that GPs were sometimes expected to issue repeat prescriptions for anti-coagulant drugs such as warfarin without having sight of the patients' latest INR test results. This was beyond the control of the practice and we subsequently raised the issue with the commissioning CCG for them to consider revising their commissioning arrangements. The CCG have since confirmed that they have now instructed the testing practice to enter the INR results directly onto the patients record.
- 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. Benchmarking data showed the percentage of antibacterial items prescribed as

Are services safe?

cephalosporins, quinolones & co-amoxiclav to be the lowest of all the Lincolnshire East CCG practices. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. We saw standard operating procedures covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Annual leave was carefully monitored to ensure sufficient staff were available.

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 the practice which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been regularly reviewed and included emergency contact numbers for staff. All staff had been provided with a copy.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidance was a standing agenda item at clinical governance meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for mental health related indicators was better than the national average for example 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher to both the national average and CCG averages. 86% of percentage of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was higher than both the national and CCG averages.
- Performance for diabetes related indicators was comparable to the CCG and national averages.
- We saw that QOF exception reporting was high for some indicators, however when we looked in to the reasons for that we found they were in line with other GP

practices in their locality which shared similar patient demographics. In addition the practice had been subject to post payment validation procedures by the CCG and the reasons for high exception reporting fully accepted.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years. These were completed audits and related to anticoagulant use and Novel Oral Anti-Coagulant usage. The audit was deemed important in preventing stroke in patients with atrial fibrillation (AF) and followed guidance from the CCG and NICE guidelines on AF.
- The practice participated in local audits, benchmarking, accreditation and research.

Effective staffing

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

- The practice had an effective and comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nurse practitioners reviewing patients with long-term conditions such as chronic obstructive pulmonary disease and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence through observed practice. 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 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. Staff had received an appraisal within the last 12 months.

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 care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs, including palliative care patients of which there were 221 on the register. The practice was a Gold Standard Framework (GSF) accredited practice and held weekly GSF meetings to discuss patient care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits for example through an audit of those patients undergoing minor surgery.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Referral to smoking cessation services and other locally commissioned community health and wellbeing services was available.
- The practice's uptake for the cervical screening programme was 76% which was comparable to the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of patients screened for bowel cancer was lower than the national and CCG averages, however they were in line with other GP practices in their locality which shared similar patient demographics.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 92% to 98%.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. New patients were offered a health check.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 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.

Receptionists taking calls from patients, as well as the duty GP, were in an area away from the patient reception area which prevented waiting patients overhearing potentially confidential conversations.

Results from the national GP patient survey showed 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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% and compared to the CCG average of 84%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91% and compared to the CCG average of 92%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they confidence trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82% and a CCG average of 81%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85% and a CCG average of 87%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- The practice website had a translate option enabling it to be read in a large number of different 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 had identified 185 patients as carers, which was 1.33% of the patient list. We saw that notices were

clearly displayed in patient waiting areas emphasising that carers should make the fact known to the practice. The new patient registration pack also asked patients to state if they were a carer and staff opportunistically identified carers at flu clinics and annual reviews.

Written information was available to direct carers to the various avenues of support available to them.

No formalised, specific support was offered to the relatives of the bereaved though we were made aware that the partners were considering what they could do to support people in these circumstances.

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.

- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately. The practice was a registered yellow fever vaccination centre.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example the Skegness surgery had larger parking bays to enable the easier egress and ingress of vehicles, automatic opening doors, easily accessible toilets, free phone service for calling a local taxi firm and an hourly bus service.
- All consulting rooms were on the ground floor and the reception desk was of staggered height to maintain the respect and dignity of people using wheelchairs and others.

Access to the service

The reception opening hours were 8:00am to 6:30pm Monday to Friday. The practice was closed Saturday and Sunday. Appointments with were from GPs 8.20am to 11.50am and 2pm to 5pm. Nurse appointments were available from 8.30 am to 12.30pm and 1.30pm to 5.30pm

The branch at Burgh le Marsh was open from 8am to 5.30pm daily except Thursday when it closes at 12noon. The branch was closed daily for lunch from 12.15pm to 1.45pm.

The practice did not provide extended hours access. We were informed that the practice had previously offered extended hours appointments on Saturday mornings, but uptake had been very low, with many appointment slots left unfilled. We reviewed the results from the CCG listening clinic, complaints to the practice and comments on NHS Choices and none referred to the need for extended hours appointments. None of the CQC comments cards made any mention of a need for extended hours.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 39% of patients said they could get through easily to the practice by phone compared to the national average of 73%. We spoke at length with the provider about this low area of patient satisfaction and we were re-assured that they were working with their telecommunications provider to provide a more responsive and accessible system for patients.

The practice had a system in place to assess:

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

A duty GP worked in the reception area daily from 8am to 6.30pm whose role was to triage calls from patients, make clinical assessments, offer advice and arrange same day appointments with a GP or nurse practitioner. They also judged whether a home visit was necessary and the urgency of need for medical attention. The duty GP sat at a 'pod' with telephone receptionists which was located away from the reception area. GPs and receptionists we spoke with told us that the system worked well as the GP was able to overhear receptionists dealing with patients and was able to intervene and take the call if they deemed it necessary.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 for example posters and leaflets in the waiting room and information on the practice website.

We looked at 16 complaints received in the period April 2015 to March 2016 and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complainant. However it was not documented that lessons learnt from individual concerns and complaints had been shared with staff to help avoid re-occurrence.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners told us of their tentative plans to extend the practice to allow for additional consulting rooms and improved storage.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on every computer within the practice.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Although we saw there were regular meetings for some members of staff, this was not the case for all employees. However staff told us the practice manager and the GP partners were approachable and listened to their ideas and concerns.
- There was an open culture within the practice and they had the opportunity to raise any issues 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.

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 a patient newsletter that it published on its website on a quarterly basis and provided news, updates and general information.
- Despite assistance from the CCG the practice had been unable to generate enough interest to re-form the patient participation group that had collapsed in 2013. The practice has a small virtual PPG consisting of 31 members who received the practice newsletter by email together with other relevant information. The practice tried to involve these patients and carers as much as possible but there had been no appetite for re-forming

Are services well-led?

Good 

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

the PPG. The practice kept up to date on what is happening at other PPGs as it hosted the locality PPG chairs meeting that was attended by the Practice Manager of Hawthorn Medical Practice.

- The practice had not signed up for the Directed Enhanced Services of patient participation.
- The practice had welcomed the patient listening clinic undertaken by the CCG on 19 July and had invited the CCG to hold a further clinic later in the year.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and

engaged to improve how the practice was run. The practice used a monthly staff newsletter as a means of keeping staff apprised of the latest news and developments.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example staff non clinical were encouraged to undertake national vocational qualifications or their equivalent and a practice nurse had been supported to become a nurse practitioner with prescribing privileges.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example we saw that the practice was a pilot practice for 'Optimise', a system to help ensure compliance with locally set prescribing guidance and targets.