

Newmarket 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

Newmarket Medical Practice offers a wide range of primary medical services from a single surgery at 153 Newmarket, Louth.

Prior to our inspection we consulted with the local clinical commissioning group (CCG) and the NHS local area team about the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services. Neither of these organisations had any significant concerns.

We carried out an announced inspection on 6 October 2014

During the inspection we spoke with patients and carers that used the practice and met with members of the Patient Participation Group. We also reviewed comments cards that had been provided by CQC on which patients could record their views.

We looked at patient care across the following population groups: Older people; those with long term medical conditions; mothers, babies, children and young people;

working age people and those recently retired; people in vulnerable circumstances who may have poor access to primary care; and people experiencing poor mental health.

The overall rating for Newmarket Medical Practice is 'Good'

Our key findings were as follows:

- Patients were complimentary about the service they received and said they were respected, given choices and were involved with their care.
- Systems were in place to ensure that patients were safe, this included safeguarding policies and procedures that were understood and acted upon by staff.
- There was a well led, open culture within the practice and staff felt they were able to raise and discuss any issues with the practice manager or the GP partners. Leadership roles and responsibilities were well established and defined with clear lines of accountability.

Summary of findings

- The practice had a clear infection control and prevention policy, which included thorough cleaning and maintenance of potential sources of healthcare associated infections.
 - The practice offered a wide range of services for specific conditions such as diabetes, dietary advice, chronic obstructive pulmonary conditions and those using anti-coagulant medication and had suitable arrangements in place to respond to patients with a variety of health needs.
 - There was evidence that the practice had systems in place for assessing and managing risks and monitoring the quality of service provision.
 - The young person's clinic was highlighted as a very valuable service where young peoples' dignity and confidentiality was maintained whilst providing advice and information on such matters as contraception, personal relationships and bullying among others.
- 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. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

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. NICE guidance is referenced and used routinely. People's needs are assessed and care is planned and delivered in line with current legislation. This includes assessment of capacity and the promotion of good health. Staff have received training appropriate to their roles and further training needs have been identified and planned. The practice can identify all appraisals and the personal development plans for all staff. Multidisciplinary working was evidenced.

Good



Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these are identified. Patients reported good access to the practice and a named doctor and 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 an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. 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 procures to govern activity and regular governance meeting had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 patients. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older patients. The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice was responsive to the needs of older patients. The practice had taken innovative steps in utilising funds to employ a nurse practitioner and healthcare assistant to visit older people in residential, nursing and their own homes to ensure continuity of care and help reduce the incidence of unplanned and repeat admissions into secondary care.

Good



People with long term conditions

The practice is rated as good for the population group of patients with long term conditions. When needed longer appointments and home visits were available. Structured annual reviews were undertaken to check that patient's health and medication needs were being met. For those patients with the most complex needs relevant health and care professionals worked together to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us and we saw evidence that children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises was suitable for children and babies. We were provided with good examples of joint working with midwives, health visitors and school nurses. The practice offered a wide range of services relating to sexual health and contraception. A GP was a lead for children in public care who conducted assessments for both patients at this practice but also those registered at other practices.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age population and those recently retired. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for this population group. The practice held a register of patients living in vulnerable circumstances such as those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice had sign-posted vulnerable patients to various support groups and third sector 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of patients experiencing poor mental health (including people with dementia). Patients experiencing poor mental health were invited to attend for an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations.

Good



Summary of findings

What people who use the service say

Patients and carers we spoke with during the inspection were unanimously positive and complimentary about the care and treatment they received at Newmarket Medical Practice.

We spoke with eight patients during our inspection. They varied in age and represented older people, mothers with children, patients with long term conditions, a patient with sensory impairment and working age patients. They described the staff as caring and helpful. They said the practice was clean and safe.

Patients also told us they felt fully involved in decisions about their care and treatment, and the practice provided high standards of care.

They said they would recommend the practice to others although one patient said that getting an appointment to see a GP or nurse was sometimes difficult.

We reviewed 32 Care Quality Commission comment cards that had been completed by patients and carers in the days before our visit. The comments on the cards were very positive, although the difficulty in getting an appointment was mentioned on one card. Respondents had stated that the staff were friendly, helpful and caring. Treatment and care was delivered to a high standard and that they were seen quickly by a doctor or nurse when their condition required.

One younger patient had commented favourably on the teenage clinic provided by the practice and the none judgemental attitude of staff.

Newmarket Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP and also included a GP practice manager.

Background to Newmarket Medical Practice

Newmarket Medical Practice is located in the centre of the market town of Louth. It delivers primary medical care to approximately 10,500 patients from this one location.

The practice had above the average percentage of patients with a long standing health condition. There was a larger percentage of patients aged 65 or over than the national average and a higher percentage of patients with a caring responsibility.

It is located within the area covered by Lincolnshire East Clinical Commissioning Group.

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

The practice has a facility known as the Greta Ross Clinic, which is a Level Two Sexual Health Clinic that is accessible not only to patients registered at Newmarket Medical Practice but at other practices as well.

The practice is staffed by five GP partners, two of whom are female. The practice employs practice nurses and healthcare assistants. They are supported by a practice manager, administration and reception staff.

The practice has advertised for an additional GP to join the team for more than a year but in common with many other practices in East Lincolnshire has been unable to recruit into the post.

The surgery was open from 8 am until 6.30 pm each weekday with extended opening hours on one morning and evening a week.

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

The practice is located in a large purpose built facility and all clinical areas are located on the ground floor. A passenger lift was available for patients in the event that rooms on the first floor of the building needed to be commissioned for clinical purposes in the future.

Why we carried out this inspection

This practice had not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we had received from the practice and asked other organisations to share their information about the practice.

We carried out an announced visit on 6 October 2014.

During our visit we talked with a range of staff, including GPs, nurses, administration and reception staff and the practice manager. We talked with patients who used the service.

We reviewed comment cards where patients shared their views and experiences of the service. These had been provided by the Care Quality Commission (CQC) before our inspection took place.

In advance of our inspection we talked to the local clinical commissioning group (CCG) and the NHS England local area team about the practice.

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

Our findings

Safe Track Record

The practice was able to demonstrate that it had a good track record on safety. We saw records to show that performance had been consistent over time and where concerns had arisen they had been addressed in a timely way. The manager showed us that there were effective arrangements in line with national and statutory guidance for reporting safety incidents. We saw that the practice kept separate records of clinical and non-clinical incidents and the manager took all incidents into account when assessing the overall safety record.

There were clear accountabilities for incident reporting, and staff were able to describe their role in the reporting process and were encouraged to report incidents. We saw how the practice manager recorded incidents and ensured that they were investigated. The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients.

Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We found such matters had been investigated efficiently and effectively with good evidence collection and root cause analysis. We saw that they had been discussed at meetings but there was no clear process for ensuring that learning that might help prevent a re-occurrence had been cascaded down to staff throughout the practice. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues and felt encouraged to do so.

Reliable safety systems and processes including safeguarding

The practice had systems that demonstrated risks to vulnerable children, young people and adults were appropriately managed and reviewed.

Practice training records made available to us showed that all staff had received relevant training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies. Contact details were easily accessible.

The practice had a dedicated GP appointed as the lead in safeguarding vulnerable adults and children who had been trained to a level to enable them to fulfil this function. All staff we spoke to were aware of who the lead was and who to speak to in the practice or in other agencies if they had a safeguarding concern.

A chaperone policy was in place and visible on the waiting room noticeboard and in consulting rooms. Chaperone training had been undertaken by all nursing staff, including health care assistants. A member of staff who had received chaperone training was always available within the practice.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records of practice meetings that noted the actions taken in response to review of prescribing data. For example, patterns of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice.

Five members of the nursing staff were nurse prescribers and received regular supervision and support in their role as well as updating in the specific clinical areas of expertise for which they prescribed.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice.

Are services safe?

The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

All staff working in the dispensary had attained a minimum of National Vocational Qualification Level 2 in dispensing.

Prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a named individual lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We saw evidence that training in effective hand washing was underway for all staff.

We saw evidence the lead had carried out audits and that any improvements identified for action were completed on time. Practice meeting minutes showed the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, disposable privacy curtains were in use around examination couches.

Good hand hygiene principles were encouraged by the practice. Hand hygiene techniques signage was displayed in staff and patient toilets.

We saw that the practice had employed an external provider to prepare an assessment of the risk from water borne bacteria including Legionella. The practice had acted upon the recommendations arising from the assessment.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment was routinely tested. A schedule of testing was in place.

Staffing & Recruitment

Records we looked at contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they were enough staff on duty.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice also had a health and safety policy that enabled the risk to patients staff and others to be assessed mitigated. Those relating to infection control, medicines management, staffing, dealing with emergencies and equipment are covered under the specific headings in this section of the report.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage medical emergencies. We saw records showing all staff had received training in basic life support, cardiopulmonary resuscitation and dealing with anaphylaxis. Emergency equipment was available including access to oxygen and

Are services safe?

an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia.

A business continuity plan was in place to deal with a range of foreseeable emergencies that may impact on the daily operation of the practice and the measures in place to

mitigate the effect to patients. Risks identified included power failure, adverse weather and loss of utilities. As well as being available to staff within the surgery, copies of the plan were kept off site with the senior partner and the practice manager. The plan had been reviewed regularly and was version controlled to ensure the information contained within was up to date and relevant.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff were up to date with fire training.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nurses we spoke with told us how they followed evidence based practice. They accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners of healthcare. We saw minutes of practice meetings where new guidelines were disseminated and the implications for the practice's performance and patients were discussed.

Patients had their needs assessed and care planned in accordance to best practice. The practice had also completed a review of case notes for patients with high blood pressure which showed all were on appropriate treatment and regular review.

The practice referred patients appropriately to secondary and other community care services. National data showed the practice was in line with national standards on referral rates for all conditions. We saw that GPs had abbreviated NICE guidelines by their desks to refer to as well as other guidance such as that issued by British Hypertension Society in respect of atrial fibrillation.

We saw minutes from meetings where regular review of elective and urgent referrals are made, and that improvements to practise are shared with all clinical staff.

Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. It used the Quality and Outcomes Framework (QOF) to assess its performance and undertook regular clinical audit. QOF data (and other national data returns) showed the practice performed well in comparison to local practices and achieved QOF scores above the national average. The practice was not an outlier for any QOF (or other national) clinical targets.

The practice undertook regular clinical audit. As the practice performed minor surgery and long acting contraceptive implant insertion, (Implanon) an annual audit had been returned to the local CCG in line with national requirements.

For clinical care outcomes which were not mandatorily collected, the practice undertook further clinical audits. The practice showed us they had undertaken clinical audits in areas that included obtaining consent in family planning

procedures. We looked at the completed audit cycle relating to family planning consent. The practice was able to demonstrate that since the initial audit, the incidence of consent forms being properly obtained and signed had increased. There were other incomplete audits where the second cycle of audit had yet to be undertaken and reflected on.

We were shown an example of how the practice had been identified as having a high rate of referrals for breast cancer. The practice had worked invited in a hospital consultant specialising in breast cancer to a meeting with clinicians to help ensure the correct referrals were being made.

Annual appraisal documents showed all clinical staff were engaged in the audit process, and we saw team meeting minutes including clinical audit results. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit per year.

Effective staffing

The practice had an appropriate number of key staff including medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory training such as annual basic life support.

A good skill mix was noted amongst the doctors with some being GPs with special interests, for example one GP had a special interest in sexual health and another a special interest in diabetes. All GPs were up to date with their continuing professional development and all either had been revalidated or had a date for revalidation.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training. We saw evidence of the training undertaken that was comprehensive and appropriate to individual staff member's needs. For example one healthcare assistant told us that at their request they had been on a course about wound dressings and now they held a dressings clinic.

Through the appraisal system there was a robust way of identifying poor performance and this was addressed by agreement with the practice manager / lead GP.

Are services effective?

(for example, treatment is effective)

The practice had a chaperoning policy and all staff had received formal training.

Working with colleagues and other services

We found that the practice worked effectively with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice used several electronic systems to improve its communication with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals last year through the Choose and Book system. Staff reported that this system was easy to use and effective.

The practice held multidisciplinary team meetings on a monthly to discuss the needs of complex patients e.g. those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information. We spoke with a district nurses and a community nurse case manager who were at the practice during our inspection. They described to us the close working relationship that existed between the practice and community health services and the work that was ongoing to reduce unplanned admissions to hospital.

Information Sharing

The practice had systems in place to provide staff with the information needed to offer effective care. An electronic patient record, SystemOne, was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that clinical staff we spoke with were aware of the Mental Capacity Act 2005 and understood the key parts of the legislation. The training records showed that non clinical staff had not received any instruction. Whilst the inspection was taking place the practice manager sourced some training that was suitable for all staff.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. Staff gave examples of how patient's best interests were taken into account if a patient did not have capacity. Clinical staff demonstrated a clear understanding of how they would assess if a young person was competent to make decisions regarding their care and treatment.

There was a practice policy for documenting consent for specific interventions. For example, we were shown an audit that confirmed the consent process for contraceptive implants and how a new consent form had been designed and implemented with reviewed guidance to ensure consent was always captured and recorded.

Health Promotion & Prevention

The practice helped their patients to live healthier lives. It was policy to offer all new patients registering with the practice a health check with the health care assistant / practice nurse. The GP was informed of all health concerns detected and these were followed up appropriately.

The practice offered NHS Health Checks to all its patients aged 40 to 74 years.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. We saw that the practice had developed links with local services such as dieticians, specialist nurses and other local healthcare providers to ensure seamless referral pathways for patients. The practice referred patients to the Healers exercise programme, Weightwatchers and Spotlight diabetes sessions.

Are services effective?

(for example, treatment is effective)

The practice offered a full range of immunisations for children. Travel vaccines were available, as were influenza vaccinations, offered to all over the age of 65, those in 'at risk' groups and pregnant women.

The practice kept a register of all patients with learning disabilities and all were offered an annual physical health

check. The practice was a participant in the Learning Disability Enhanced Service and a healthcare assistant telephoned patients to make appointments for their health check. Those patients taking lithium were asked to come to the practice regularly to have their levels monitored.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients had completed CQC comment cards to provide us with feedback on the practice. We received 32 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One comment was less positive and related to the difficulty in getting an appointment. We also spoke with 12 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We noted that in the Greta Ross Sexual Health Clinic total confidentiality was maintained by means of no patients details being taken or discussed in ear shot of other patients.

We saw that all staff had signed confidentiality agreements and those we spoke with were aware of the practice Equality and Diversity protocol aimed at avoiding any discrimination of any sort.

Due to the construction and design of the building, the reception area was limited in size which meant that conversations between receptionists and patients could be overheard by other patients waiting to see the receptionist. The practice manager was aware and assured us that the practice was exploring ways of resolving the issue.

The practice switchboard was located away from the reception desk and was shielded by partitions which prevented patients at the reception desk overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it was effective in maintaining confidentiality. We observed that telephone calls were answered quickly, within four rings.

Care planning and involvement in decisions about care and treatment

The latest patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas.

Patients we spoke to 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 and laminated flags of several countries were displayed in the reception area which patients could point to help staff identify a patient's first language if it was unknown or not apparent. The practice website had a translation facility to allow patient's access to information in understandable format.

Patient/carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. Carers were offered support and access to social services assessments. Carers were provided with a copy of the Carers Pack which contained information on various sources of help and support. Patients were encouraged to involve their carers in their care and treatment plans if they wished to do so.

The practice is involved in the Palliative Care Gold Standards Framework. The Gold Standards Framework (GSF) is a way of working that involves GPs working with other professionals in hospitals, hospices and specialist teams to help to provide the highest standard of care possible for patients and their families at the end of their lives. Staff told us how the practice tried to record details of patients' next of kin and power of attorney details where appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had sustainable systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs. The NHS Local Area Team (LAT) and Clinical Commissioning group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

Longer appointments were available for people who needed them and those with long term conditions. This also included appointments with a named doctor or nurse. For those patients who could get to the surgery through illness or frailty, consultations in peoples' homes were offered including to a total of 135 patients who resided in seven local care homes.

All patients needing to be seen urgently were offered same-day appointments and there was an effective triage system in place.

The practice had an active patient participation group (PPG) A patient participation group is a number of patients registered with the practice who have an interest in the services provided. The aim of the PPG is to represent patients' views and to work in partnership with the practice to improve common understanding and obtain patient views. We found the PPG was representative of the patient demographic. The group met every six weeks. We spoke with representatives of the PPG who explained their role and how they worked with the practice. For example we saw how the practice had identified higher than expected unplanned admissions to hospital. The PPG had agreed to undertake surveys of patients in the surgery that would address three key issues. They were access to the service, overall satisfaction and understanding if patients knew which healthcare provider to approach for their particular circumstances.

The practice worked collaboratively with other agencies, regularly updated shared information such as special patient notes to ensure good, timely communication of changes in care and treatment. For example we saw how

they worked with the Avoiding Unplanned Admissions Enhanced Service to help identify those at risk of repeat hospital admissions and were undertaking care planning including visiting patients where necessary.

Tackling inequity and promoting equality

The practice manager told us that there were an extremely low number of migrants, travellers, the homeless and sex workers in the locality and subsequently the number of people in these vulnerable categories registered with the practice is very low. They told us they utilised local intelligence and attended CCG Quality and Patient Experience Committees to try and gain awareness of these groups.

All clinical and patient areas were located on the ground floor of the building, but a passenger lift was installed in the event that clinical sessions had to be held on the first floor in the future. We noted the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. A hearing loop was fitted to the reception area and a portable loop was available for patients to take into individual consultation rooms.

Access to the service

Appointments were available from 8 am to 6.30 pm Monday to Friday. Appointments were available from 7am on Thursdays and until 7.30 or 8 pm on Mondays to cater for patients who may be working during normal surgery hours.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. The out-of-hour's service was provided by Lincolnshire Community Health Services NHS Trust. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was designated as the person responsible who handled all complaints in the practice.

Accessible information was provided to help patients understand the complaints system. The complaints procedure available to patients in the practice and comprehensive information was available via the practice

website. They gave guidelines to patients as to how to raise a complaint and what they could expect from the practice in response to a complaint. There were also details of NHS England and the Ombudsman available for patients to contact if they were not satisfied with the outcome of their complaint to the practice.

We were shown a complaints log which summarised complaints but with limited details of learning and actions arising as a result of complaints. We were told that complaints were escalated as a significant event if necessary and any learning would be then be cascaded to relevant staff as required, but there was no clear evidence that this had taken place. The complaints log demonstrated the practice had responded in a timely manner to issues raised.

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.

We spoke with six members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these.

There had been very little turnover of staff although they practice had been advertising for a GP to join the team for over a year with little response.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on computers within the practice. The senior management were able to identify which members of staff had accessed the policies. Policies and procedures we looked at had been regularly reviewed and were up to date.

The practice held monthly governance meetings. We looked at minutes from meetings and found that performance, quality and risks had been discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at team meetings and action plans were produced to maintain or improve outcomes.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us their risk log which addressed a wide range of potential issues, such the risk arising as a result of minor operations We saw that the risk log was regularly discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the GP partners were the leads for safeguarding. We spoke with six

members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

Staff told us there was an open culture within the practice and they had the opportunity and were happy to raise issues at the monthly team meetings and twice annually practice meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had an active patient participation group (PPG) and an 'on line' patient reference group that had 138 members. The PPG had carried out surveys and met every six weeks. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website, together with the minutes of the PPG meetings.

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 in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff electronically on computers within the practice.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and were offered a wide choice of training opportunities appropriate to their needs. We saw evidence of the divers nature of training that staff had undertaken

Are services well-led?

Good 

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

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.