

Open Door (Health) Limited

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?

Requires improvement



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 Open Door (Health) Limited on 7 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and 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.
- The majority of patients said they were treated with compassion, dignity and respect. However, some patients said they did not feel supported, listened to and involved in decisions about their care.
- 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 with a named GP 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. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw two areas of outstanding practice:

- The Herbert protocol is a national scheme for patients with dementia. It records vital information about the person in advance. Information such as medication, description, photograph, significant places in the person's life and their daily routine. This can then be used in event of a vulnerable person going missing. The information will help the police and other agencies locate the missing person as quickly as possible and return them to safety. The practice apply the Herbert protocol to all their patients with dementia.
- Nursing staff used a memory box to occupy patients with dementia whilst their carer receives treatment. (The memory box contained items from the patients' earlier life and times and helped reassure and calm them).

The areas where the provider must make improvement are:

- Ensure there is an appropriately qualified and clinically skilled individual present when the practice is open to see patients on days when the GP is absent.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Risk assesses the lack of provision of emergency oxygen.

The areas where the provider should make improvement are:

- Obtain appropriate emergency medicines and ensure safe systems are put in place for their safe storage and management.
- Put in place a system for the checking and maintenance of the defibrillator.
- Record actions following the receipt of national safety alerts.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- There was no evidence that staff had actioned national patient safety alerts.
- Emergency medicines were inadequate to deal with medical emergencies. The practice ordered appropriate emergency medicines on the day following the inspection.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

- For example performance for diabetes related indicators was below the CCG and national averages. (Practice rate is 81% compared to the CCG average of 87% and the national average of 89%).
- Performance for mental health related indicators was below the CCG and national averages. (Practice rate is 64% compared to the CCG average of 91% and the national average of 93%).
- 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.

Good



Summary of findings

- 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.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of their care by the GP. For example, 54% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- The responses to the national GP Patient survey (for the period January – September 2015) showed the majority of patients said they were treated with compassion, dignity and respect. However, not all felt supported, listened to and involved in decisions about their care.
- As part of the inspection, 40 comment cards were completed by patients during the two weeks before the inspection visit. All were positive about the standard of care received. They said the practice was very caring, listened to their issues and worked hard to help resolve both their health and their social problems.
- 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.

Good



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. For example increasing the number of days a GP was present.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures 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 practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. There was no audit to ensure action had been taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

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 urgent appointments for those with enhanced needs.

People with long term conditions

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

Requires improvement



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 77% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015). This was below the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- 86% of patients with diabetes, on the register, had an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015). This was below the clinical commissioning group (CCG) average of 97% and the national average of 94%.
- 54% of patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015). This was below the CCG average of 91% and the national average of 90%.
- 60% of patients with asthma, on the register, had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2014 -31/3/2015). This was below the CCG average of 79% and the national average of 75%
- Longer appointments were available when needed.
- 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.

Summary of findings

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. Immunisation rates comparable to CCG and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was below the CCG average of 85% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Good



- 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 offered a full range of health promotion and screening that reflects the needs for this age group. Online services were not offered.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This is better than the CCG average of 90% and the national average of 84%.
- 100% of patients with schizophrenia and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This is better than the CCG average of 93% and the national average of 88%.
- 57% of patients with schizophrenia, and other psychoses had their alcohol consumption recorded in the preceding 12 months. This is below the CCG average of 94% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The Herbert protocol is a national scheme for patients with dementia. It records vital information about the person in advance. Information such as medication, description, photograph, significant places in the person's life and their daily routine. This can then be used in event of a vulnerable person going missing. The information will help the police and other agencies locate the missing person as quickly as possible and return them to safety. The practice apply the Herbert protocol to all their patients with dementia.

Good



Summary of findings

- Nursing staff used a memory box to occupy patients with dementia whilst their carer receives treatment. (The memory box contained items from the patients' earlier life and times and helped reassure and calm them).

Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed mixed results for the practice. 364 survey forms were distributed and 57 were returned. This represented 5% of the practice's patient list (1161).

- 90% of patients found it easy to get through to this practice by phone. This is better than the CCG average of 75% and the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried. This is below the CCG average of 78% and the national average of 76%.
- 59% of patients described the overall experience of this GP practice as good. This is below the CCG average of 87% and national average of 85%.
- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area. This is below the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. They said the practice was very caring, listened to their issues and worked hard to help resolve both their health and their social problems.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three quarters of the friends and families test respondents from the period April – June said they were likely or extremely likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is an appropriately qualified and clinically skilled individual present when the practice is open to see patients on days when the GP is absent.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Risk assesses the lack of provision of emergency oxygen.

Action the service **SHOULD** take to improve

- Obtain appropriate emergency medicines and ensure safe systems are put in place for their safe storage and management.
- Put in place a system for the checking and maintenance of the defibrillator.
- Record actions following the receipt of national safety alerts.

Outstanding practice

We saw two areas of outstanding practice:

- The Herbert protocol is a national scheme for patients with dementia. It records vital information about the person in advance. Information such as medication, description, photograph, significant places in the person's life and their daily routine. This can then be used in event of a vulnerable person going missing. The information will help the police and other

agencies locate the missing person as quickly as possible and return them to safety. The practice apply the Herbert protocol to all their patients with dementia.

- Nursing staff used a memory box to occupy patients with dementia whilst their carer receives treatment. (The memory box contained items from the patients' earlier life and times and helped reassure and calm them).

Open Door (Health) Limited

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Open Door (Health) Limited

Open Door (Health) Limited operates from premises purpose-built in 2013. The practice area covers North East Lincolnshire. It provides GP and practice nurse access along with social care for a small number of patients who have been removed from other GP lists in the area for exhibiting violent and aggressive behaviour. There is a disabled parking space at the rear of the building. All patient services are on the ground floor.

The practice has one male GP, two practice nurses and a healthcare assistant. They are supported by an operational manager, clinical services manager, two receptionists and a medical administrator.

The majority of patients are of white British background. The practice population profile is higher than the England average for the 20-44 years age group and lower than the England average for the other age groups apart from 0-4yrs which is similar to the England average. The practice scored one on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were from 9am to 4.30pm to Monday, Wednesday and Friday. Nurse appointments were

available 8am to 5pm Monday to Friday with extended hours until 7pm on Thursday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Out of Hours care (from 6.30pm to 8am) is provided through the local out of hours service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2016. During our visit we:

- Spoke with a range of staff (operational manager, clinical service manager, nurse, healthcare assistant and admin and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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 analysis of the significant events.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw limited evidence that lessons were shared and action taken to improve safety in the practice. There was no evidence that staff had actioned national patient safety alerts.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. References were not evidenced in one of the personnel files.

Are services safe?

Patients were at risk as the practice nurses were working beyond their remit on the days that GP was not present. The practice responded to our concerns and assured that an appropriately qualified and clinically skilled individual would be present when the GP was absent. This came into immediate effect.

Monitoring risks to patients

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

Arrangements to deal with emergencies and major incidents

On the day of the inspection the practice did not have adequate arrangements in place to respond to emergencies and major incidents. This was resolved on the day following the inspection.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- 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 but were inadequate to deal with likely medical emergencies. The practice ordered appropriate emergency medicines on the day following the inspection.
- The practice had a defibrillator available on the premises. No oxygen was available and no risk assessment had been undertaken. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 80% of the total number of points available. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was below the national average. (Practice rate is 81% compared to the CCG average of 87% and the national average of 89%).
- Performance for mental health related indicators was below the CCG and national averages. (Practice rate is 64% compared to the CCG average of 91% and the national average of 93%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits.
- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, recent actions taken as a result included ensuring patients prescribed anti-inflammatory medication were offered medication to counter potential side effects.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with tuberculosis had received additional training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Patients were at risk as the practice nurses were working beyond their remit on the days that GP was not present. The practice responded to our concerns and assured that an appropriately qualified and clinically skilled individual would be present when the GP was absent. This came into immediate effect.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was below the CCG average of 85% and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 75% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We 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 40 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.

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

Results from the national GP patient survey, for the period January- September 2015, showed mixed results. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported, listened to and involved in decisions about their care.

The practice was similar to average on its consultations with nurses and below average for its satisfaction scores on consultations with GPs. For example:

- 47% 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%.
- 58% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 68% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 54% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

There had been a change of GP since these results were published and an increase in the number of hours that a GP was in attendance.

The practice offered a confidential address for people of no fixed abode to receive mail.

Care planning and involvement in decisions about care and treatment

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

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

- 55% 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%.
- 46% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A British Sign Language translation service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers). Written information was available to direct carers to the various avenues of support available to them.

There were counsellors on site and the CRUSE bereavement service. There was a carers group for people on the autistic spectrum.

Staff told us that if families had suffered bereavement, their usual nurse contacted them to discuss the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example increasing the number of days attended by a GP.

- The practice offered a clinic Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were not available.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- The building was designed and the services included in response to the views of a representative group of the local population and service users.
- The practice provided care for travellers, refugees and asylum seekers.
- The practice provided support for sex workers and provided sexual health screening.
- The practice provided a tuberculosis screening and treatment service for patients in North East Lincolnshire CCG.
- 36 patients have become volunteers. All volunteers receive the same mandatory and NVQ training as staff. Seven of the volunteers have progressed into employment elsewhere.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 4.30pm to

Monday, Wednesday and Friday. Nurse appointments were available 8am to 5pm Monday to Friday with extended hours until 7pm on Thursday. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to CCG average of 83% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

On the day of the inspection, some people told us that they were able to get appointments when they needed them. Increased GP availability was requested on seven of the 40 CQC comment cards.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way. There was limited learning from individual concerns and complaints and no analysis of trends and action was taken to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

- 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.
- A comprehensive understanding of the performance of the practice was maintained
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the practice managers 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 managers encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The well-being of staff was supported with free counselling service and onsite access to a holistic therapist.

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.

- When the service and building were being planned, patients were fully involved both in the design of the building and in the services that they required.
- The practice had gathered feedback from patients through surveys and complaints received. The practice did not have a patient participation group (PPG) but carried out quarterly patient surveys and displays feedback within the building. For example, increasing the number of days attended by a GP.
- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Staff were working beyond the scope of their qualifications, competence, skills and experience. Regulation 12(2)