

Lindum Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection at Lindum Medical Practice on 25 July 2016. This inspection was a follow-up to our inspection of 23 June 2015 when the practice was rated as 'requires improvement'. The practice submitted an action plan detailing how they would meet the regulations governing providers of health and social care.

At our follow-up inspection, we found the practice had made improvements in the two domains previously rated as 'requires improvement' and 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 well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment 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.

Summary of findings

- 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.

The areas where the provider should make improvement are:

- Ensure all policies and procedures are reviewed and updated including the policy in relation to significant events.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a programme of clinical audits in place which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75's were informed of their named GP.
- The practice had a risk register of those most vulnerable and at risk of hospital admission.
- The practice had a dedicated telephone line for nursing homes or accident and emergency to contact them as required.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 85% which was comparable to the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered 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 that reflects the needs for this age group.
- Sexual health advice, contraception monitoring and chlamydia screening is offered by the practice. All the practice nurses carried out cytology screening.
- The practice participated in an electronic prescribing service.
- The practice offered extended hours appointments on alternate Monday evenings and alternative Saturday mornings.
- The practice held a nurse led open access clinic from 8.30am until 10am each weekday morning which provided a minor illness service for patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

Good



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).

- Performance for mental health related indicators was 100% which was higher than the national average of 93%. (Exception reporting rate was 17%).
- 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.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 106 were returned. This represented 1.23% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% 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 22 comment cards which were all positive about the standard of care received. Patients told us that practice staff were polite, friendly, professional and caring.

We spoke with three patients during the inspection who told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 96% of patients who had responded said they would recommend this practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure all policies and procedures are reviewed and updated including the policy in relation to significant events.

Lindum Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist advisor.

Background to Lindum Medical Practice

Lindum Medical Practice provides primary medical services to a population of 8,565 registered patients in the city of Lincoln. Lindum Medical Practice is a well-established GP surgery in purpose built premises within a healthcare complex. It has allocated car parking, including disabled access to the right of the main entrance. The main entrance has automated doors and can accommodate wheelchairs, mobility scooters and prams etc. The clinical areas are all on the ground floor. The practice has disabled toilet facilities and a baby changing area on the ground floor. There is also a hearing loop facility available for patients who have hearing difficulties.

Within the waiting area the practice has a glazed 'bubble' area where they can isolate patients who may have an infection or if a patient requests to speak to someone privately. At the time of our inspection the practice employed four GP partners (two male, two female), a practice manager, business manager, an advanced nurse practitioner, four practice nurses, two health care assistants and a team of reception and administration staff. There were also two foundation doctors in post at the time of our inspection.

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

We inspected the following location where regulated activities are provided:- Lindum Medical Practice, 1 Cabourne Court, Cabourne Avenue, Lincoln. LN2 2JP

Lindum Medical Practice is open from 8am until 6pm Monday to Friday. Extended hours are provided for appointments on alternate Monday evenings from 6.30pm until 8pm and on alternate Saturday mornings from 8.30am to 10.30am for pre-bookable appointments only.

The practice is located within the area covered by NHS Lincolnshire West Clinical Commissioning Group (LWCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice has been accredited by the Royal College of General Practitioners (RCGP) in August 2015 as a 'research ready' practice enabling them to participate in research and develop a research culture and ethos.

The practice is a training practice and delivers training to F2 doctors (F2 doctors are qualified medical practitioners completing foundation training in general practice). The practice also delivers teaching to medical students.

The practice offers online services for patients including appointment booking, access to summary care record and also repeat prescriptions EPS (electronic prescription service).

The practice is part of a federation called 'Imp Healthcare' which consists of six GP practices who provide services collectively to approximately 55,000 patients in Lincolnshire.

Detailed findings

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.

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. In June 2015, the practice had been rated as Requires Improvement. This inspection carried out to consider whether sufficient improvements had been made and to identify if the provider is now meeting the legal requirements and associated regulations.

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 25 July 2016.

During our visit we:

- Spoke with a range of staff including a GP, a business manager, a practice manager, two practice nurses, members of the reception and administration team and spoke with three 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.

- 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

Following our inspection in June 2015, the practice was rated as 'Requires Improvement' for the provision of safe care and treated and was required to make improvements.

In June 2015, we found when things went wrong, lessons learned were not communicated widely enough to support improvement. The practice did not have a system in place for legionella to prevent the risk of infection. Staff who acted as a chaperone did not have DBS in place. The practice had not ensured actions had been taken following a fire risk assessment to ensure patient, staff and visitor safety whilst in the practice.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- During our inspection we reviewed two significant events which had been submitted since our last inspection in June 2015. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice held a register of all significant events reported which contained details of the date each event was reviewed in a practice meeting, any actions taken and lessons learned as a result. The practice also carried out a significant event analysis identified from complaints

received which constituted this. Significant events were a standing item on multi-disciplinary team meetings. A significant event policy was in place however, this had been reviewed in May 2015 and required update.

- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) via an electronic system which was coordinated by the practice manager who ensured alerts were disseminated to the clinical team. All clinicians were required to sign receipt of alerts. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts during our inspection which showed that an effective system was in place. We saw evidence that alerts were discussed in regular multi-disciplinary team meetings.

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. Members of the nursing team were trained to level 2.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services. Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed appointments

Are services safe?

frequently. These were brought to the GPs attention, who then worked with other health and social care professionals. We saw minutes of meetings where vulnerable patients were discussed.

- 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). We saw evidence of chaperone training during our inspection.
- 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 which had been revised and updated in July 2015 and staff had received up to date training. Annual infection control audits were undertaken, we saw evidence of an audit which had been carried out in December 2015, an action plan was implemented and we saw evidence that action was taken to address any improvements identified as a result. An infection control folder and cleaning schedules were in place in each consulting and treatment room. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- 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.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We looked at ten PGDs which were appropriately signed and dated by staff that use them. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. The practice had three fridges in place for the storage of vaccinations, immunisations and medicines. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines). Staff we spoke with were able to explain what they would do in the event of a break in the cold chain. Fridges were calibrated on an annual basis and temperature data logger devices were installed to supplement the minimum/maximum temperature thermometers used by staff to record temperatures on a daily basis.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- We observed Lloyd George, paper patient care records were stored securely in secure steel frame storage cabinets purchased by the practice specifically for the secure storage of patient records.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. A fire risk assessment had been carried out in June 2016. We saw that fire protection equipment had last been checked by an external specialist in August 2016 and records were seen of weekly checks carried out of the maintained fire detection system. The practice had also improved fire safety and emergency lighting systems and had ensured inspections, required improvements and servicing had been carried out by external specialists. 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. We saw examples of these rotas during our inspection.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Spillage kits were available in each consulting room in the event of spillage of bodily fluids such as blood, vomit and urine.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan 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.

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of clinical audits carried out in line with NICE guidance. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs and nurses each had specialist lead roles in clinical areas such as chronic kidney disease and hypertension. It was the leads responsibility to ensure that updates were carried out in relation to NICE guidance and disseminated to clinicians and acted upon.

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 96% of the total number of points available. Overall exception reporting rate was 8.6%. (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 85% which was comparable to the national average of 89%. (Exception reporting rate was 7%).
- Performance for mental health related indicators was 100% which was higher than the national average of 93%. (Exception reporting rate was 17%).

There was evidence of quality improvement including clinical audit.

- The practice had an ongoing clinical audit programme in place which included full cycle audits, we saw evidence that these audits had led to quality improvement. A GP was lead for clinical audits in the practice. This programme detailed numerous audits which had been carried out. We reviewed four of these audits during our inspection which included audits of atrial fibrillation, patients prescribed high risk medicines such as methotrexate and audits of prescribing of other medicines. Members of the nursing team were also involved in clinical audit. Audits were completed in line with NICE guidance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 long-term conditions. Members of the nursing team were trained in chronic disease management. A member of the nursing team was undertaking a Master's Degree. The practice supported members of the nursing team who were required to revalidate, nurses had already attended revalidation training days and we saw minutes of a meeting in September 2015 where revalidation was an item on the agenda for discussion.
- 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

Are services effective?

(for example, treatment is effective)

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.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice held multidisciplinary team meetings on a regular basis to discuss patients with complex needs. For example, those with end of life care needs. 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 we spoke with felt this system worked well. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 76% of females aged between 50-70 years of age were screened for breast cancer within six months of invitation compared to the CCG average of 76% and the national average of 73%. 56% of persons aged between 60-69 years of age were screened for bowel cancer within six months of invitation compared to the CCG average of 61% and the national average of 55%. 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.

Are services effective?

(for example, treatment is effective)

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 84% to 96% and five year olds from 79% to 91%.

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 22 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.

We spoke with three patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% 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%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

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

Are services caring?

- The practice website had the facility to change font, for patients who had sight problems and information could be translated into many different languages. The practice encouraged patients to bring a representative who could translate for them.

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 patients as carers and had a carers register in place however, the practice was in the process of reviewing and updating this register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service such as a local hospice and Lincolnshire centre for grief and loss.

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.

- The practice offered extended hours appointments on alternate Monday evenings until 8pm for working patients who could not attend during normal opening hours. The practice also provided extended hours appointments on alternate Saturday mornings.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

The practice was open from 8am until 6pm Monday to Friday and alternate Saturdays. There was also extended hours on alternate Monday evenings from 6.30pm until 8pm and on alternate Saturday mornings from 8.30am to 10.30am, for pre-booked appointments only.

The practice offered fifteen minute appointment slots per patients in order to give each patient more time because of the complex nature of their health problems. Patients aged over 75 with a named GP were encouraged to see the same GP. If no appointments were available the named GP would ring them.

The practice held a nurse led open access clinic from 8.30am until 10am each weekday morning which provided a minor illness service for patients. The practice also

offered a triage service, where a GP or advanced nurse practitioner discussed a problem over the telephone and offered appropriate advice. Home visits were undertaken after morning surgery and were carried out by a GP or advanced nurse practitioner. Reception staff were responsible for checking at the end of each afternoon that all home visits had been completed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%
- 95% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, a complaints leaflet was available for patients in the reception area.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints. All complaints we looked at received a formal written response which

included details of any investigations undertaken and an apology where necessary. The practice carried out a significant event analysis on complaints which required this. One complaint record we looked at included details of self-reflection of a patient consultation, learning actions taken, and details of a case review during a clinical meeting and peer review records. NICE guidelines and other clinical pathways had also been discussed as part of a full clinical review of this complaint.

Are services well-led?

Good 

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

Our findings

Following our inspection in June 2015, the provider was rated as 'Requires Improvement' for the domain of well-led.

In June 2015, we found that some of the policies and procedures to govern activity were overdue a review, and the practice did not have effective systems in place to enable them to assess, monitor and improve the quality of services provided. The practice had not ensured the security of patient care records at all times.

Vision and strategy

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice aim was to provide a high quality, safe, friendly, professional service to their patients. They focus on prevention of disease by promoting health and wellbeing and offering care and advice to our patients. We found details of the vision and practice values were part of their aims and objectives. These were clearly displayed in the waiting areas and in the staff room.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at 15 policies during our inspection which included consent, whistleblowing, chaperone and health and safety. All policies had been reviewed and updated with the exception of a significant event policy which required review.
- A comprehensive understanding of the performance of the practice was maintained.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- 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. Practice nurse meetings were held once a month. The practice held weekly meetings which rotated between prescribing, end of life and clinical meetings to ensure the needs of patients were reviewed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through a virtual patient participation group (vPPG) and through surveys and complaints received. The vPPG included representatives from various population groups. The practice had carried out surveys using the vPPG and the business manager showed us the results of the last patient survey and the actions agreed. A vPPG means that a patient can take an active interest in the practice without attending meetings. They are able to exchange views, participate in surveys and the practice can consult from time to time by email.
- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had recently become part of a federation called 'Imp Healthcare' which consisted of six GP practices who provided services collectively to approximately 55,000 patients in Lincolnshire.

The practice had recently extended and modernised the existing premises which took place over a period of six months and had been completed by 31 March 2016 which included four additional consulting rooms. The original premises had been modernised to include additional patient toilet facilities, replacement window blinds throughout and replacement seating. The practice had also invested in the purchase of steel construction lockable cabinets specifically for the safe storage and security of Lloyd George patient records which had been relocated into a secure area within the practice. The practice had also recently upgraded their electronic patient record system.