

# Nettleham 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.

# Summary of findings

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# Summary of findings

## Overall summary

Nettleham Medical Practice provided primary medical services for approximately 11,200 patients living in Nettleham, Cherry Willingham and the surrounding villages. The practice provided dispensing services at both the main surgery and the branch surgery at Cherry Willingham. The practice had been established as a GP training practice for many years and provided training to medical students and GP Registrars. These are qualified doctors who wish to pursue a career in General Practice. The practice was associated with the Lincolnshire GP Vocational Training Scheme and was assessed by the East Midlands Deanery.

We carried out the inspection as part of our new inspection programme to test our approach. It took place over one day with a team that included three CQC inspectors, a GP and a nurse. We sought advice from a CQC pharmacy inspector.

Before our inspection we spoke with representatives from three residential and nursing homes where patients were registered with the practice.

During our inspection we spoke with eleven patients who used the service. We received and reviewed sixteen comments cards, which had been left for patients to complete, by the CQC. We spoke with seventeen members of staff.

The regulated activities we inspected were diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

There were effective processes in place to ensure that learning from significant events, complaints and feedback from patients was shared in order to improve patient experience.

The practice had taken robust steps to ensure that all staff underwent a thorough and rigorous recruitment and induction process. However, there was scope to improve the level of completion of the training required by the practice for some subject areas.

There were appropriate arrangements in place for the obtaining, recording, handling, using, storage, dispensing and the disposal of medicines, which minimised the risks to patients which are associated with medicines. However, there was scope for improvement in ensuring there were procedures in place for dealing with uncollected prescriptions and dispensed medicines.

We found the practice was effective at meeting patient's needs. The practice worked well with other health and social care services which ensured the best care and support for patients.

Patients told us that overall they were happy with the service provided. Patients said they were involved in decisions about their care and treatment and were treated with dignity and respect by staff. We observed patients being treated in a caring and helpful manner whilst their confidentiality was maintained. We found there was no information available that advised patients they could ask to speak confidentially to non-clinical staff members at reception, if they required.

We saw that the practice was aware of the different needs of patients and responded appropriately to meet these.

We found the practice was well led and managed by an enthusiastic and knowledgeable management team who were keen to continue to improve the service for the benefit of patients. The level of completion of the training required by the practice was recorded as being at a low level for some subject areas. The practice was aware of this and was taking steps to ensure staff completed the training they judged to be needed.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

Policies, procedures and guidance were available for staff on a range of areas including significant events, safeguarding, dispensary and complaints. We found that when concerns arose they were addressed in a timely way.

The practice had a robust process in place for recruiting staff to work at the practice. This included checking the registration of nurses and GPs, undertaking enhanced disclosure and barring service (DBS) checks and checking that staff were entitled to work in the UK.

There was appropriate and sufficient emergency medical equipment and medication available at both the main surgery and the branch surgery. However, the log sheet used to document the checks of emergency medicines and equipment was not signed to show who had completed the checks.

### Are services effective?

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and timely way.

All new staff to the practice, which included GP Registrars, received a comprehensive induction. This meant they were given support and guidance to ensure they were able to undertake their role safely and effectively.

The practice was effective at monitoring, managing and improving outcomes for patients. We found that the practice could improve the timeliness of patients being reviewed following Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

### Are services caring?

All of the patients we spoke with during our inspection made positive comments about Nettleham Medical Practice and the service provided. Patients who used the practice told us that they were involved in decisions about their care and treatment, and they were treated with dignity and respect. They were particularly complimentary about the caring, helpful attitude of both the clinical and non-clinical staff. We found there was no information available that advised patients they could ask to speak confidentially to non-clinical staff members at reception, if they required.

The patient participation group members we spoke with told us that the majority of the feedback about the GPs, administrative and reception staff they had received was excellent.

# Summary of findings

## **Are services responsive to people's needs?**

We found that the practice understood the needs of its population and made reasonable adjustments according to the individual needs of patients.

There was good collaborative working between the practice and other health and social care services which helped to ensure patients received the best outcomes.

The practice undertook continued engagement with patients to gather feedback on the quality of the service provided and responded to this in order to improve the service.

## **Are services well-led?**

There was a clear leadership and management structure, and the areas of responsibility for each GP partner were clear. We saw evidence of how the leadership team had improved and planned to continue to improve the practice and patient experience.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on the management at the practice seeking to learn from stakeholders, in particular through the patient participation group and patient reference group.

# Summary of findings

## What people who use the service say

All of the patients we spoke with during our inspection and received feedback from, made positive comments about Nettleham Medical Practice and the service provided. Patients who used the practice told us that they were involved in decisions about their care and treatment and they were treated with dignity and respect. They were particularly complimentary about the caring, helpful attitude of both the clinical and non-clinical staff.

Some of the patients we spoke with raised the difficulty they had in getting through to the practice by telephone at 8:30 in the morning to get an appointment. They told us of their frustration when the appointments for the day had been taken by the time they got through on the phone. Some of the patients said that there was not enough car parking facilities available at either practice.

We spoke with representatives from three local care homes where patients were registered with the practice. They all gave very positive feedback about the service they received.

We reviewed the local patient participation (2013-2014) annual report. The main areas for improvement identified by the patient participation group were getting an appointment, car parking, telephone answering and access, and opening times. An action plan was in place to continue to improve these areas. The patient participation group members we spoke with told us that the majority of the feedback about the GPs, administrative and reception staff was excellent.

## Areas for improvement

### Action the service **COULD** take to improve

The level of completion of the training required by the practice was recorded as being at a low level for some subject areas. The practice was aware of this and was taking steps to ensure staff completed the training they judged to be needed. There was an acknowledgement that this may be partly due to errors in their recording system.

Although there was a confidentiality hatch in the reception area at Nettleham Medical Practice, there was no information available that advised patients they could ask to speak confidentially to clinical and non-clinical staff members if they required.

There was no evidence of formal closure of significant events which meant that some agreed actions were not confirmed to have been completed.

The practice did not have a standard operating procedure for setting out the process for dealing with uncollected prescriptions and dispensed medicines. We raised this with the practice who advised that they were in the process of writing a standard operating procedure in relation to this issue.

Patients were not all reviewed in a timely way following a Medicines and Healthcare products Regulatory Agency (MHRA) alert.

The log sheet used to document the checks of emergency medicines and equipment was not signed to show who had completed the checks.

There was not a colour coded system of waste bags in place to ensure the safe disposal of general, clinical and hazardous waste.

The Mental Capacity Act (MCA) (2005) is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. The MCA policy for the practice did not contain the direct contact details for the independent mental capacity advocate. This meant that there may be a delay in contacting this service if this was needed.

There was the possibility of unauthorised access to non-patient areas of the practice. We raised this with the practice who agreed to make these areas more secure.

# Summary of findings

## Good practice

Our inspection team highlighted the following areas of good practice:

The practice worked in partnership with the patient participation group. A voluntary driver scheme was formed in 2009 in response to difficulties patients experienced in attending consultations at either practice. From March 2013 to February 2014, 1869 patient journeys were completed.

A new memory clinic initiative was being piloted in the practice. This was delivered by a community mental health nurse and a consultant in old age psychiatry with referrals taken from Nettleham medical practice and five other local GP practices.

# Nettleham Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and a GP and the team included two CQC inspectors and a registered nurse.

## Background to Nettleham Medical Practice

Nettleham Medical Practice provided primary medical services for approximately 11, 200 people living in Nettleham, Cherry Willingham and the surrounding villages. They had a branch surgery at Cherry Willingham. Both the main surgery and the branch surgery provided a dispensing service.

Surgery times at Nettleham Medical Practice were 8:30am to 11:30am and 3:20pm to 6pm, Monday to Friday. At Cherry Willingham, surgery times were 8:30am to 11:45am Monday to Friday, and 3:20pm to 6pm on a Monday. An evening surgery was available on a Thursday from 6:30pm to 8pm and a Saturday morning surgery from 9am to 12 noon; both at Nettleham.

A significantly higher than average percentage of the practice population was 65 years and older, compared to the England average.

At the time of our inspection, there were seven GP partners at Nettleham Medical Practice. They employed 42 members of staff, including eleven clinical staff and five dispensing staff.

Nettleham Medical Practice also provided services at Cherry Willingham Branch Surgery, The Parade, Cherry Willingham, Lincoln, LN3 4JL.

The practice had been established as a GP training practice for many years, and was associated with the Lincolnshire GP Vocational Training Scheme and assessed by the East Midlands Deanery.

## Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This practice had not been inspected before and that was why we included them.

## How we carried out this inspection

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

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

Before our inspection, we reviewed a range of information we held about the service and other information that was publically available. We asked other organisations to share what they knew about the service. We spoke with representatives from three residential and nursing homes where patients were registered with the practice.

We carried out an announced visit on 30 April 2014 and visited the main and the branch surgery. We spoke with eleven patients who used the service. We observed how



## Detailed findings

people were being cared for and reviewed the treatment records of patients. We reviewed sixteen comments cards where patients and members of the public and staff shared their views and experiences of the service.

We spoke with three members of the patient participation group (PPG). PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care.

During our visit we spoke with seventeen members of staff which included the registered manager, receptionists, administrators, dispensers, practice managers, practice nurses and GPs.

We reviewed information that had been provided to us during the visit and we requested additional information which was reviewed after the visit. After the inspection we spoke with other health professionals who worked with the practice.

# Are services safe?

## Summary of findings

Policies, procedures and guidance were available for staff on a range of areas including significant events, safeguarding, dispensary and complaints. We found that when concerns arose they were addressed in a timely way.

The practice had a robust process in place for recruiting staff to work at the practice. This included checking the registration of nurses and GPs, undertaking enhanced disclosure and barring service (DBS) checks and checking that staff were entitled to work in the UK.

There was appropriate and sufficient emergency medical equipment and medication available at both the main surgery and the branch surgery.

## Our findings

### Safe Patient Care

We spoke with eleven patients during our inspection. All of their comments were positive and did not raise any concerns about patient safety. One patient we spoke with told us, “The doctors and nurses are very good.” Another patient said, “Overall it is excellent.” A further patient wrote on a comment card, ‘Every member of staff I have encountered has been polite, efficient and caring. Premises well presented.’ We received feedback from the manager at a local care home who told us, “The GPs are always available for help or advice at any time during surgery hours. They will make house calls when required, always on the same day as requested.”

### Learning from Incidents

There was a policy in place, that staff were aware of, to enable them to recognise and act upon significant events or incidents. Incident recording, adverse events, health and safety and the respective forms to be completed were discussed as part of the induction for new staff members so they were aware of their responsibilities when they started in their role. We reviewed four recent significant events which had occurred in the service. We saw that they had been documented, discussed, and learning and action points had been identified. Staff who were involved in each significant event were included in each significant event analysis and learning was shared. We checked to see if there was evidence that the actions identified had been completed; this was not always evident. We found that some complaints had been treated as significant events and the learning and action taken by the service had been communicated back to the patient.

### Safeguarding

The practice had a system in place to ensure that patients were safeguarded against the risk of abuse. We saw they had a safeguarding adult’s protocol, and a child protection protocol and guidelines. Additional guidance was available to staff on the computer system, which included for example, adult abuse referral form and contact information for safeguarding professionals. There was a separate GP lead for both safeguarding adults and safeguarding children. We spoke with one member of staff about what action they would take if they were concerned that a patient was being abused. They told us they would speak to their line manager. Another member of staff told us the

# Are services safe?

health visitor attended the monthly team meeting and any safeguarding issues were shared between clinicians after this meeting. We spoke with one of the health visitors specifically about safeguarding, who confirmed this and said, “They are on the ball. They are good at getting new patients to the health visitor. If there are any issues they ring. The staff are helpful, especially the practice manager.”

## Monitoring Safety & Responding to Risk

We reviewed the actions taken by the practice in relation to one medication safety alert issued by the Medicines and Healthcare products Regulatory Agency (MHRA) in October 2012. We found there were still 68 patients, who were prescribed a specific medication in conjunction with another medication, and who had not been reviewed and the medication reduced in line with this alert. Although the risk to patients was relatively low, not implementing the change raised the risk of patient harm if not reviewed in a timely manner. We found that the timescale for reviewing patients could be improved to minimise the risk of patient harm.

We found that there was a possibility of unauthorised access to non-patient areas of the practice. We raised this with the practice and they advised that they would take action to secure these areas. We spoke to the practice after the inspection and were told this was on their action plan and would be addressed.

## Medicines Management

There were a range of standard operating procedures (SOPs) for the staff responsible for dispensing medicines. SOPs are documents that explain a procedure from start to finish. These help to ensure all staff members work in a consistent and safe way. We found that there were four uncollected prescriptions and three uncollected dispensed medicines at the branch surgery for the period 17 February 2014 to 03 March 2014. We raised this with the practice who advised that they were in the process of writing a SOP in relation to this issue.

We checked five drugs from the controlled drug register against the controlled drug stock and found that these matched. There were appropriate arrangements in place for the obtaining, recording, handling, using, storage, dispensing and the disposal of medicines.

## Cleanliness & Infection Control

We found that all areas of both the main surgery and the branch surgery were visibly clean. Hand washing facilities

were available and we saw posters were displayed promoting good hand hygiene. We viewed the cleaning schedules and found they were up to date. The practice had a lead member of staff for infection control. We viewed the most recent infection control audit for the practice. We were told that not all actions had been implemented, due to conflicting advice the practice had received, but the new nurse team leader and the infection control nurse planned to review and implement the recommendations, where appropriate. We noted that most of the bins were lined with clear or white bin liners. This meant there was not a colour coded system of waste bags in place to ensure the safe disposal of general, clinical and hazardous waste.

## Staffing & Recruitment

We saw that the practice had a robust process in place for recruiting staff to work at the practice. Checks were undertaken of GPs and nurses to ensure their fitness to practice, for example checking General Medical Council or Nursing Midwifery Council registration. Enhanced disclosure and barring service (DBS) checks were undertaken for all staff to ensure their suitability to work with vulnerable patients. The practice checked that staff were entitled to work in the UK. These checks were also undertaken for GP Registrars. We found evidence that suitable references were sought and obtained.

A comprehensive induction process was in place, which included shadowing opportunities. There was evidence of this being completed in the staff files we reviewed. We were told by one of the clinicians that competencies for clinical practice were being developed for all clinical staff and these would be in place by the end of the year.

## Dealing with Emergencies

We saw there was appropriate and sufficient emergency medical equipment and medication available at both the main surgery and the branch surgery. This included oxygen and a defibrillator. We checked these and found that the emergency medicines were in date but some of the emergency equipment had passed the manufacturers recommended date after which it may not be so effective. We made the practice aware of this and the equipment was immediately removed. The recording of the checks of the emergency medical equipment and medicines were ticked but not signed by the person undertaking the check, so there was no audit trail detailing who had undertaken the checks and when.

# Are services safe?

## Equipment

We found that there was sufficient and suitable equipment available to ensure the safety of patients, for example single use clinical equipment, and this was confirmed by the staff we spoke with. The main surgery and the branch

surgery were accessible for people with limited mobility. We were told that feedback was being sought from patients who were wheelchair users in relation to accessing the facilities.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients in a coordinated and timely way.

All new staff to the practice, which included GP Registrars, received a comprehensive induction. This meant they were given support and guidance to ensure they were able to undertake their role safely and effectively.

The practice was effective at monitoring, managing and improving outcomes for patients.

## Our findings

### Promoting Best Practice

One of the GP partners told us about a new memory clinic initiative which was being piloted in the practice. This was delivered by a community mental health nurse and a consultant in old age psychiatry with referrals taken from Nettleham medical practice and five other local GP practices.

We were told by the registered manager that clinical meetings were held every month. This was corroborated by four other clinicians who we spoke with. As part of these meetings clinical audits which had been completed either by GPs or by GP Registrars were presented and discussed. Clinical audit is a process to improve patient care and outcomes through the systematic review of care and implementation and review of change. One audit that we were shown related to prescriptions being endorsed correctly. We saw that the practice were managing their dispensary activity appropriately. Another GP told us that clinicians were expected to keep up to date with National Institute for Health and Care Excellence (NICE) guidance and this was part of the GP appraisal process. They told us that NICE guidance and feedback from other meetings was shared at the clinical meetings.

We spoke with one clinician who told us that they had introduced travel vaccination forms which are completed by the patient before their consultation. This meant that the time spent during the consultation was used more effectively for the patient.

### Management, monitoring and improving outcomes for people

The data we obtained before our inspection identified that the practice had a higher level of prescribing of non-steroidal anti-inflammatory drug prescribing (NSAIDs) than the national average. During our inspection, we found that this data may have included topically applied NSAIDs which may have reflected the higher level of prescribing in the data. During our inspection we were shown data from April 2014 which showed that the practice was now below the national average for their NSAIDs prescribing. We saw that the practice had clear protocols in place for NSAIDs prescribing and review.

We found that the practice scored well across all other quality indicators, which were, preventing people from

# Are services effective?

## (for example, treatment is effective)

dying prematurely, enhancing quality of life for people with long term conditions, helping people to recover from illness or following injury, ensuring people have a positive experience of care and treating and caring for people in a safe environment. For example, the practice had fewer emergency cancer admissions and fewer accident and emergency admissions compared to the national average.

### Staffing

We found that staff received support and guidance to ensure they were able to undertake their role safely and effectively. There was a comprehensive induction in place for all new staff. This included documentation checks, security, health and safety, policies and procedures, confidentiality, record keeping and supplementary areas according to job roles. There was a comprehensive induction plan for GP Registrars which included time learning about all functions of the practice. Time was also given for shadowing staff working in different roles. This meant that the practice had a system in place to ensure that staff received a structured induction into their work role.

We found that all staff received time for education and learning as the practice closed for half a day every month. During this time there was a whole team update and training, and time for individual e-learning training to be completed. We noted that the level of compliance with the training required by the practice was recorded as being at a low level in some areas, although there was an acknowledgement that these figures may show some distortion through errors in their information recording system. We saw evidence that the practice had tried to address this issue by emailing staff to remind them to complete the training and to submit their certificate. One member of staff told us, "Now we have more of a team structure in place, it will be easier to address issues, for example the nurse team leader will address this with the nurses."

We found that staff had undertaken training appropriate to their role. We were told by the practice manager that four members of staff were currently being supported to undertake an National Vocational Qualification (NVQ) 3 in pharmaceutical science. This was confirmed by the dispensing staff we spoke with. One member of staff told us, "I feel like I am invested in here." This meant that staff were given opportunities for development beyond mandatory training.

### Working with other services

We found that the practice positively engaged and worked in partnership with other services to meet the needs of patients. We were told by the practice manager that every two months, meetings were held concerning patients who were nearing the end of their life, and required palliative care. This was confirmed by one of the GP partners who advised that all patients with palliative care needs were reviewed during this meeting. We were also advised that there was an integrated team meeting, where patients who had more than one need were discussed and reviewed in order to ensure that care was coordinated between the services involved. One of the health care professionals who attended these meetings told us, "Meetings are well attended by GPs. They are open and approachable."

We spoke with people from a range of other services all of whom said that they had good, effective relationships with the staff at the practice. One care home manager told us, "We have a good working relationship with the GPs." Another health care professional said, "They (GPs) are not dismissive, they are engaging."

When patients were seen by the out of hours doctors service, information was shared with the practice which advised that a patient had been seen and the outcome. We were told that the information from the out of hours service was reviewed daily by the on call GP at the practice, who assessed the circumstances and took action as they deemed appropriate. If follow up was necessary by a specific GP for continuity or due to the risks presented, then this was actioned.

### Health Promotion & Prevention

There was a large range of health promotion information available at the practice. Health information was also displayed on a television monitor in the waiting room.

We were shown the new patient registration pack which included information about NHS summary care records, personal history questionnaire, telephone consent form and a summary of the care records scheme. We saw that a carer's information pack was available for patients who identified themselves as carers. One patient we spoke with told us, "I had no problems at all registering, reception and nursing staff have been very good. They took my history."

We asked how the service provided convenient access for female patients who were offered cervical screening. We were told by one of the GPs that appointments for patients

## Are services effective?

(for example, treatment is effective)

started at 8:30 in the morning and that the practice offered an evening surgery, from 6:30pm until 8pm, on one day of the week when both a nurse and a GP were available to see patients. Alternatively appointments were available on a Saturday morning from 9am to 12 noon. The GP told us

that patients who are overdue for a cervical smear have an alert on their patient record, so that they can be reminded about this. The uptake of cervical screening by patients at this practice was higher than the national average.

# Are services caring?

## Summary of findings

All of the patients we spoke with during our inspection made positive comments about Nettleham Medical Practice and the service provided. Patients who used the practice told us that they were involved in decisions about their care and treatment, and they were treated with dignity and respect. They were particularly complimentary about the caring, helpful attitude of both the clinical and non-clinical staff.

The patient participation group members we spoke with told us that the majority of the feedback about the GPs, administrative and reception staff they had received was excellent.

## Our findings

### **Respect, Dignity, Compassion & Empathy**

All of the patients we spoke with during our inspection made positive comments about Nettleham Medical Practice and the service they provided. For example one patient wrote, '(staff names) are a credit to the surgery. Always willing to go that extra mile to help. Caring people.' Another patient wrote, 'I have always received excellent care. Appropriate, timely and respectfully.'

During our inspection we overheard and observed good interactions between staff and patients. For example one receptionist provided a clear explanation to a patient about the appointment system and we heard the patient say how grateful they were. We witnessed patients being given a choice over whether they preferred to be reviewed by the nurse or the GP and which GP they preferred to see.

We observed that patients were treated with respect and dignity during their time at the practice. One patient told us, "My privacy and dignity are respected at all times and I am made to feel comfortable." Another patient said, "The practice always respects my preferences and treats me with respect."

During our inspection we saw that patient's confidentiality was respected when care was being delivered and during discussions that staff were having with patients. Facilities were available for staff to talk confidentially with clinical and non-clinical staff members. Although there was a confidentiality hatch in the reception area at Nettleham Medical Practice, there was no information advising patients that they could ask to speak in a private room if they requested to.

### **Involvement in decisions and consent**

We received positive feedback from all the patients in relation to them being involved in decisions about their care and treatment. One patient told us, "The GPs always seek my consent to treatment." Another patient said, "I was involved and referred onto specialist services quickly." We spoke with clinicians who informed us how they involved patients in decisions about their care and treatment. One clinician told us, "I ask patients what their expectations and concerns are." The clinicians told us when they obtained consent, that this was reflected on the patient's record with a code, or when written consent was obtained this was scanned onto the patient's record. We found that there was



## Are services caring?

an appropriate process in place to obtain written consent for patients receiving cryosurgery, which is the application of extreme cold to destroy abnormal or diseased tissue. We were told by a GP that patients received written information before the procedure, were given an opportunity to ask questions, and a further explanation of the advantages and disadvantages of the procedure before their consent was obtained and recorded.

Guidance was available for staff in relation to consent. We reviewed the consent policy and the Mental Capacity Act

(MCA) policy for the practice. The Mental Capacity Act (MCA) (2005) is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. The MCA policy did not contain the direct contact details for the independent mental capacity advocate, but advised of another service from which the contact details could be obtained. This meant that there may be a delay in contacting this service when this may be needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

We found that the practice understood the needs of its population and made reasonable adjustments according to the individual needs of patients.

There was good collaborative working between the practice and other health and social care services which helped to ensure patients received the best outcomes.

The practice undertook continued engagement with patients to gather feedback on the quality of the service provided and responded to this in order to improve the service.

## Our findings

### Responding to and meeting people's needs

We found that the practice understood the needs of the patient population and made reasonable adjustments accordingly. We saw that home visits were available for people who were unable to get to the practice for medical reasons. We were aware that home visits were undertaken on the day of our inspection.

We spoke with representatives from two nursing homes where patients were registered at the practice. We were told that there was a dedicated GP who undertook consultations with patients in the homes on a regular basis. One representative told us, "They are always available for help and advice during surgery hours. They will make house calls when required, always on the same day requested." A representative from a residential home confirmed they were able to get an appointment when necessary and that patients went to the practice to be seen. They told us that some patients they supported became more anxious if they had to wait, so they were seen as soon as possible after arriving for their appointment.

One of the GPs told us that they made follow up appointments or requested that one was made with the same GP, due to the specific needs of some patients. They gave some examples of when this would be undertaken. These included a patient with mental health needs and when supporting teenage patients.

### Access to the service

Some of the patients we spoke with told us that they were dissatisfied with the appointment system and were not easily able to contact the practice to make an appointment at peak times, for example when the practice opened. One patient explained that it was difficult to get through on the telephone and that sometimes all the appointments had been taken when they did get through. They said, "Overall, it is a first class doctor's surgery, apart from the appointment system." Another patient told us, "The surgery is good, though the appointments system is problematic." However, another patient told us, "You can usually get through to the surgery and you can get an emergency appointment if you need one."

We spoke with two GP partners about this. One of the partners told us that if a patient asked for an on the day appointment, they would be given an appointment as they

# Are services responsive to people's needs?

## (for example, to feedback?)

would be fitted in at the end of surgery and given an approximate time to attend, if there were no appointment times left. The other partner said, "Any patient asking for an urgent on the day appointment is given one." We saw that this information was also provided on the practice website. We looked at the records of appointments and saw that 155 patients had been given an additional appointment at the end of surgery, in the week prior to our inspection. This meant that urgent clinical and medical needs were assessed and acted upon.

We saw that information on the opening hours of the practice was made available for patients. Information was also available on how to access the out of hours service. Patients who contacted the surgery by telephone were appropriately signposted if their call was regarding a life-threatening medical emergency.

### Concerns & Complaints

We saw that information about making a complaint or a suggestion was available on the practice website and there was a suggestion box at the practice. We spoke with one patient who told us, "I had to make a complaint but they dealt with it and I received a letter of apology and I was very happy with the outcome." Another patient wrote, 'Absolutely no complaints.'

We were told that the practice had a patient participation group (PPG) where members met several times a year with the management team of the practice to discuss issues relating to improving patients' experiences and help to raise funds. There was also a patient reference group (PRG) made up of 226 members who are asked up to a few times a year to give their opinions on the practice.

We looked at the local patient participation report 2013-2014, which was dated March 2014. We found that the three areas of the highest concern to patients included getting an appointment with a total of 79 responses, parking getting 47 responses and telephone answering and access with 37 responses. The practice had undertaken a further survey on the top priority area, which had been completed by 257 patients. They identified that the biggest frustration appeared to be getting an appointment with a specific doctor. The practice suggested a plan of action which included having a named GP for not only patients over 75, but for other patient groups, starting with the most vulnerable. This was put to the PPG which, with a majority, voted in favour. A named GP has started to be allocated to patients on the district nursing team caseload, for patients with palliative care needs and for patients over 70 years old, with patients being asked for their preference. Allocating of named GPs to all patients aged over 65 will start in August 2014. We saw that information was available on the practice website.

We reviewed the practice action plan from the patient participation annual report dated March 2013. Patient information on how the appointment system worked was reviewed and work continued on a patient leaflet about other members of the multidisciplinary team who can offer advice. The text message reminder service for appointments was in place and we saw that patients were made aware of this service.

The work on the car park will be continued in 2014. This showed that the practice encouraged patients to provide feedback and they listened to the views of patients, and have made improvements to the service provided.

# Are services well-led?

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

## Summary of findings

There was a clear leadership and management structure, and the areas of responsibility for each GP partner were clear. We saw evidence of how the management team had improved and planned to continue to improve the practice and patient experience.

There was a commitment to learn from feedback, complaints and incidents. There was an emphasis on the management at the practice seeking to learn from stakeholders, in particular through the patient participation group and patient reference group.

## Our findings

### Leadership & Culture

There was clear leadership within the practice. We saw that each department in the practice, for example nursing team, dispensing team and data team had a lead GP. There was also a lead GP for a range of areas which included, for example, information governance, staff involvement, complaints, health and safety and infection control.

### Governance Arrangements

The leadership team fell into two areas, people and process. Each area had a lead partner and a manager responsible. We were told that the leadership team met weekly to discuss non clinical issues and the partners weekly for all issues. There were separate meetings for significant event analysis and any significant events that were urgent would be discussed at the partners meeting. We were told that minimum staffing levels were agreed and team leaders were responsible for escalating to the manager if these were not met. One of the partners told us how all the partners had planned and agreed to cover whilst they recruited another partner. This plan considered the needs of the existing partners in order to ensure a safe and effective service was provided to patients.

### Systems to monitor and improve quality & improvement

There was a commitment to learn from problems, complaints and incidents and we saw that Nettleham Medical Practice demonstrated an open approach to these issues and informed staff of any learning through meetings and via their internal computer system.

### Staff engagement & Involvement

We spoke with a range of staff and found that some staff felt supported whereas other staff did not feel supported. One member of staff told us, "I like the practice, but management do not support staff enough. I am not invited to or aware of staff or team meetings. There is a lack of communication." However another member of staff told us, "I find the doctors really good and helpful. My line manager is fantastic."

We spoke with two of the partners about this and they explained that there had been a significant change in the management of the practice which had been necessary for the practice to respond to the changes within the primary care arena. We looked at the business case for these

# Are services well-led?

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changes and found it was based on feedback from patients and analysis of the service that had been provided. One of the partners told us, "There has been increased staff turnover in the last year. It is inevitable when ways of doing things change. Things are being done in a more procedural, structured way." We saw that exit interviews were held with staff. We looked at some of these and were told by the practice manager that the feedback from these was shared with the partners to identify areas for improvement.

We saw that there were a number of meetings held at the practice and that representatives from each department attended, with a view to feeding back to their department. We saw that information was shared from some of the meetings and was available to staff on the computer system.

## Learning & Improvement

We spoke with a range of staff who confirmed that they received annual appraisals. We looked at three staff

members' files and the records we saw supported this. This meant that staff were provided with an opportunity to reflect on their own performance with the aim of learning and improving the service provided. Due to the recent changes within the nursing and reception teams, we were told that appraisals were scheduled, but had not yet been undertaken.

## Identification & Management of Risk

We looked at the business continuity plan for the practice. We saw that this included a risk rating for each of the areas of risk. We saw that there was written agreement of arrangements made with other GP practices for example in response to a disaster situation where there was loss of the buildings. During our inspection, the telephone lines at the branch surgery were not working. We saw that the staff responded appropriately to this and managed the risks associated with this effectively.