

Ancora Medical Practice

Quality Report

291 Ashby Road
Scunthorpe
DN16 2AB
Tel: 01724 842244
Website: www.ancoramedicalpractice.nhs.uk

Date of inspection visit: 30 July 2015
Date of publication: 05/11/2015

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	7

Detailed findings from this inspection

Our inspection team	8
Background to Ancora Medical Practice	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ancora Medical Practice on 30 July 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. Appropriate recruitment checks had been carried out on staff.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. The healthcare assistants had their performance reviewed annually against a comprehensive set of competencies. Staff worked with multidisciplinary teams and there were systems in place to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and worked to improve services to patients. Patients said they could make an appointment with a named GP and that there was continuity of care. Urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges and was working towards meeting these.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services including for dementia. It was responsive to the needs of older people and had developed the “Green Book” which provided advice and support for older patients. The practice offered home visits and usual doctor appointments to improve continuity of care.

The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any concerns.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also identified patients who had had an unplanned admission and worked with other agencies to review care and support to minimise further admissions.

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. Immunisation rates were good 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice sent out congratulation cards on the birth of a new baby and invited mother and baby in for a one stop appointment for a post-natal check-up for the mother and the eight week baby check and first vaccinations.

Good



Summary of findings

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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered later opening times on Tuesday, Wednesday and Thursday evenings until 8.00pm for those people who could not attend during normal opening hours. 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carried out annual health checks for people in this group. It provided easy read booklets on health advice, such as screening for bowel cancer. Longer appointments were available for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. For example it worked with the Active Recovery (substance misuse) group to support patients dealing with substance misuse.

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.

Good



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). Patients experiencing poor mental health received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and had incorporated into the "Green Book" information on family and life history, what worried people and how they took medication amongst other information.

Staff had received training on how to care for people with mental health needs and dementia and had named clinicians who dealt with reviews of patients with dementia or other mental health problems.

Good



Summary of findings

What people who use the service say

In the NHS England GP Patient Survey of 123 responses, 96.6% of patients had trust and confidence in the last GP they saw or spoke to, while 92% said their GP was good or very good at treating them with care and concern. 95.6% said that the last nurse they spoke to was good at listening to them. 93.1% of respondents found the receptionists to be helpful. These results were all above the Clinical Commissioning Group (CCG) and England averages.

Results which were below average included 31.9% of patients who said that they usually waited 15 minutes or less for an appointment.

We spoke to three members of the Patient Participation Group (PPG) and 12 patients as part of the inspection. We also collected 16 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

All the patients we spoke to and the comment cards indicated they were highly satisfied with the service provided. Patients said they were treated with dignity and respect and that staff were professional, friendly and caring. Patients said that their needs were responded to and they received the care that they needed. Patients said they were treated as individuals and involved in their care.

Ancora Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a Practice Nurse and an Expert by Experience.

Background to Ancora Medical Practice

Ancora Medical Practice provides General Medical Services to approximately 17,690 patients living in Scunthorpe and surrounding villages, including Messingham, Appleby and Scotter. Services are provided from the main surgery at Ashby Road, Scunthorpe and also from a smaller branch surgery at Detuyll Street, Scunthorpe. We inspected both locations as part of the process. GPs work across both sites and patients can choose to attend at any surgery, with services, such as chronic disease clinics being provided at both surgeries.

There are eight GP partners and two salaried GPs. Four of the GPs are female and six male which ensures that patients can be seen by a male or female GP as they choose. There is a nurse practitioner, three practice nurses and seven healthcare assistants. They are supported by a team of management, reception and administrative staff. The practice also has a team of five cleaning staff. The practice is accredited as a training practice and supports GP registrars and medical students. The practice also provides training to eight other practices in the area as part of Lindsey Health.

The practice is in a comparatively deprived area and has a higher than average number of patients with health related problems in daily life and patients in receipt of Disability Allowance.

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

The practice is open 8.00am to 6.30pm Monday and Friday with extended hours on a Tuesday, Wednesday and Thursday From 6.30pm until 8.00pm. Out of Hours services are provided through Core Care, which patients' access via the 111 service.

The practice also offers a wide range of enhanced services including extended hours, learning disabilities, minor surgery and timely diagnosis and support for people with dementia.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 30 July 2015.

We reviewed all areas of the surgeries, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with the practice manager, GPs, nursing staff, administrative and reception staff.

We observed how staff handled patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff and the GPs we spoke to were aware of incident reporting procedures. They knew how to access the forms and felt encouraged to report incidents. All complaints received by the practice were recorded and reviewed to identify areas for improvement, for example additional training was provided on techniques for administering injections following a patient's complaint. The practice recorded and analysed significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible on the computer system 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice was displayed in the waiting room, advising patients that a chaperone could be provided if they wanted one. The nurses and health care assistants would act as chaperones, if required and all had received relevant training. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.

There were procedures in place for monitoring and managing risks to patient and staff safety and there was a health and safety policy available. The practice had up to date fire risk assessments and carried out fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. All staff were aware of who the lead was. There was an infection control policy protocol in place, however not all staff training on infection control was up to date. When we mentioned this to the practice they told us that this would be rectified and they would ensure that all staff had had the relevant training by the end of August. The practice undertook regular infection control audits and any changes required were identified and recorded on an action plan which was reviewed quarterly. The practice had also been audited by the infection control team from the local hospital. The practice had carried out Legionella risk assessments and regular monitoring was undertaken by an accredited external contractor.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescriptions were securely stored and all were signed by a GP before the prescription was issued.

Recruitment checks were carried out and the three files we sampled showed that 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.

Arrangements to deal with 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.

Are services safe?

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. Staff knew where they could access this information.

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 that enough staff were on duty. The practice had also set up a register of its own staff who could work additional hours at short notice to ensure cover for unexpected absences such as sick leave.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

The practice offered new patient health checks and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Advice was also available on stopping smoking, alcohol consumption and weight management. Patients over the age of 75 were allocated a named GP and were also provided with a booklet which provided information and contact details for a range of organisations that covered both health and social support. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The practice website and booklet contained health advice and information on a range of conditions.

The practice's uptake for the cervical screening programme was 84.5%, which was higher than the national average of 81.8%. The practice gave reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example,

childhood immunisation rates for the vaccinations given to under twos ranged from 92.4% to 98.7% and five year olds from 89.7% to 99.5%. Flu vaccination rates for the over 65s were 54.7%, which was slightly above national averages.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. 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 test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. For example regular meetings were held to discuss the needs and treatment strategies of patients with long term conditions and those with palliative care needs. These were attended by other professionals including district nurses and community matrons and care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice was not an outlier for the majority of QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessments and care was in line with the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health assessment and care was higher than the national averages.
- The dementia diagnosis rate was much higher than the national average.

Are services effective?

(for example, treatment is effective)

Where the practice performance was worse than the national average, for example in the prescribing of hypnotics, the practice was aware of this issue and was looking at the reasons for it and how it could be corrected. This higher than average prescribing rate was due to the fact that the practice operated in a deprived area and had a number of patients with drug dependency issues. The practice was working with the Active Recovery (substance misuse) programme to address these issues.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 12 clinical audits completed in the last two years and a number of these were completed audits where the improvements made were checked and monitored. This included the use of hypnotics, accident and emergency admissions and atrial fibrillation. The findings from these audits were used by the practice to improve services. For example, recent action taken as a result included revised guidance on the management of atrial fibrillation and the effective use of anti-coagulants.

Effective staffing

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

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. Details of mandatory and non-mandatory training were recorded on a training passport, this was reviewed during appraisal. All GPs were up to date with their appraisals and all other staff had had an appraisal within the last 12 months.

The healthcare assistants had their performance reviewed annually, by the senior nurses, against a comprehensive set of competencies. These included how to report concerns, competence in clinical tasks such as venous blood sampling, taking consent, chaperoning and handling of sharps.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations that took place in these rooms could not be overheard.

All of the 16 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring and treated them with dignity and respect. We also spoke with three members of the PPG on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. These high levels of satisfaction were also mirrored in patient surveys undertaken by the practice and in comments made on the Friends and Family test.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access support groups and organisations. The practice's computer system notified GPs if a patient was also a carer. There was a carer's register and those identified as carers were being supported, for example, by offering health checks.

Staff told us that if families had suffered bereavement, they were sent a sympathy card. The families were also offered support and advice.

Data, showing how people felt they were treated by the practice, from the National GP Patient Survey showed from 123 responses that performance was above or in line with local and national averages. This included:

- 87.1% said the GP was good at treating them with care and concern, compared to the CCG average of 85.4% and national average of 85.1%.
- 96.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.4% and national average of 95.3%.
- 92% said the nurse was good at treating them with care and concern, compared to the CCG average of 90.3% and national average of 90.4%.
- 93.1% of patients found reception staff helpful compared to the CCG average of 86.7% **and national average of 86.9%.**

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data 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 and results were in line with local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.6% and national average of 86.3%.
- 93.3% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89.4% and national average of 89.7%.

82.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81.5%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked to improve outcomes for patients in the area. For example, the practice provided enhanced services to try to prevent unplanned admissions. Alerts were set up on the practice's IT system to identify any patients who had an unplanned admission and the practice worked with the patients and other health and social care agencies to reduce the risk of further unplanned admissions.

There was an active PPG which met on a regular basis, carried out patient surveys and worked with the practice management team to improve services for patients. This included the introduction of a new system to remind patients of appointments and also enabled them to notify the practice if they wished to cancel an appointment. Since its introduction in February 2015 over six hours of appointment time had been reused.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered extended hours on Tuesday, Wednesday and Thursday evenings with appointments available until 8.00pm for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- They had developed the "Green Book" which provided a comprehensive range of self-help, education and information for patients over 75.
- The practice had worked with the Alzheimer's Society to include a section in the Green Book called "This is me" where patients could write down things that were important to them and memories which would be helpful should they start to suffer memory failure or if it worsened.

Access to the service

Results from the National GP Patient Survey showed that patient's satisfaction with opening hours was 79.8% compared to the CCG average of 77.6% and national average of 75.7%.

The practice was open from 8.00am to 6.30pm and offered extended hours on a Tuesday, Wednesday and Thursday until 8.00pm. In addition appointments could be booked up to three months in advance, urgent appointments were also available. The practice also ran an emergency surgery on a Friday afternoon. GPs and nursing staff worked across both surgeries so that patients could access a GP of their choice at the surgery nearest to them.

Wherever possible the practice tried to give patients appointments with their usual GP as they felt this provided the best continuity of care.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room, on the website and in the practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found that they were dealt with in a timely and appropriate way and had been responded to with a full explanation and apology.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide the best care for patients without discrimination. This mission statement was included in the 2015-2018 business plan. A key element of this was to ensure the continuity of care for patients, with a specific GP or nurse, as far as possible. Staff knew and understood the values.

Governance arrangements

The practice had a governance policy which outlined structures and procedures to be followed. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.

- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.
- The practice had introduced the role of Quality Standards Officer (which was undertaken by one of the senior nursing staff), to oversee all aspects of quality including standards of cleanliness, management of medicines and equipment.

Innovation

The practice had achieved the Royal College of General Practitioners Quality Practice Award which is a measure of excellence. It was also a member of Lindsey Health, a group of nine practices and provided training for the other member practices.

The practice was aware of the challenges it would face in the future in terms of both the recruitment and retention of management and clinical staff and the increasing needs of an ageing population. It was already looking at succession planning for managerial roles and using other emergency care practitioners to help housebound patients and those in residential care. It was also considering working in partnership with a secondary care consultant, with an interest in the care of the over 75's to support this group of patients.